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No. 1.

CEREVISIA FERMENTUM.—ON THE USE OF YEAST IN PUTRID SORE THROAT, &c. &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The gratifying effects of the use of yeast, and the very happy result, in a case of putrid sore throat, that I have just had under my charge, induce me to offer the following suggestions for publication in your excellent Journal.

The case alluded to was a boy 12 years old. For a week previous to my being called in, he had complained of common sore throat. He had had the usual domestic remedies applied, and among them a flannel bandage around the neck. He considered himself well on Monday, 11th inst., and imprudently took off the bandage, going out and exposing himself to the inclement weather. He was taken severely ill on Monday, with a high fever, headache, &c., and early on Tuesday morning I was sent for, and found him laboring under all the symptoms of malignant inflammation of the throat, accompanied by an eruption on the face and neck, of a dark-red color; face somewhat swelled; skin of face and neck exceedingly *rugous* (like the surface of the leaf of sage); tongue of a fresh meat color; rima glottis tumefied and inflamed; epiglottis erect and almost immovable from tumefaction, and the whole mouth and fauces dry and harsh. There was considerable cough, but the tough ropy sputa could not be expelled. I applied the usual antiphlogistic treatment, except bloodletting. A sinapism on the throat enabled the patient to swallow his medicine. The usual course of such a disease went on regularly till Thursday morning, the eruption having extended over the whole body. On that morning, unequivocal symptoms of ulceration and typhoid showed themselves. The pulse was small, thready, feeble and quick; the mind wandering, with incessant murmuring; inability to articulate intelligibly; alternate severe pains in the head and abdomen; little sensibility in the throat; small white and grey spots throughout the mouth, tongue and fauces, and numerous petechiæ on the face and abdomen. I immediately ordered half a pint of fresh brewer's yeast, mixed with half a pint of water, with brown sugar sufficient to give it flavor, and to take a tablespoonful of the mixture every two hours, suspending all other remedies except the gargle (made of borate of soda, honey and infusion of sage) and occasional sinapisms to the throat. Up to this

time the fever and eruption had been regularly intermittent, coming on about 2 o'clock in the morning, and subsiding about 12 M., at which time the skin became quite smooth, and very slight signs of the eruption. On Friday morning, a great change had taken place. He had rested tolerably well during the night; his tongue and mouth were nearly relieved and clean; the fever and eruption were quite moderate, and passed off before 9 o'clock. On Saturday still further improvement was manifested. He could eat with facility, and begged for food, which was allowed him freely. On Sunday morning all symptoms of the disease had disappeared, except the swelled and sore lips, and edges and point of the tongue. On Monday all he required to constitute him perfectly well was strength; but even in that respect he was not very unwell, for he got up, in the absence of his mother from his room, and went to the window; and when I saw him last, on Tuesday, he was about the house with the rest of the family. He continued to take the yeast until Monday evening.

I have been rather particular in relating the case, that it might be understood; though I fear some will think, from the rapid recovery and my imperfect description, that it was not a very severe one. I have seen many cases, during my thirty years' practice, of putrid sore throat, scarlatina maligna,* or whatever else it may be called, but I have never seen a more threatening one than this, particularly on Thursday morning. Its happy termination I attribute entirely, under Providence, to the free use of the yeast. I had used this article ever since the Rev. Mr. Cartwright, of Louisiana, published his account of its successful employment in nervous fevers some thirty years ago. I prescribe it in the typhoid stage of all eruptive diseases, especially smallpox, and generally with the happiest effect.

And now, Sir, to the object of this paper. Do we not sacrifice too much in our endeavors to *refine* our remedies? Nearly all our writers discourage the use of yeast, saying we can avail of its active principles in far more elegant and convenient forms. I do not believe this. Who, I beg leave to ask, who knows what the active principles of yeast are? We can analyze and obtain from it potash, carbonic acid, acetic acid, malic acid, lime, alcohol, extractive mucilage, saccharine matter, gluten, water. But can we say that these ingredients or principles, artificially combined, in part or in whole, individually or collectively, will make yeast? And will the article thus made have the same effect as the natural article or compound does? Who can say that the effect of an article like this is attributable to its generation of carbonic acid, or to its tonic power derived from the bitter principle, or to the stimulating principle of its alcohol? We all have used carbonic acid in the form of carbonated water, effervescing draughts, &c.; and stimulants in the form of ammonia, alcohol, wine, &c.; and tonics in the form of bark, quinia, &c.: but never have I seen the effects from all these equal to those of yeast. Who can say that in the process of analyzation some very active principle is not lost? I think yeast exerts a direct and most powerful in-

* This boy had scarlet fever (scarlatina simplex) very severely, six years ago, and was attended by myself.

fluence upon the degenerated blood, restoring it speedily to a healthy condition. It seems to generate some active principle while in the stomach, which acts upon the blood and nervous system. Certainly its effects on the system, in diseases of a typhoid character, are entirely unlike those of any other remedy. In our endeavors to render our remedies more "elegant," and "convenient," therefore, by the extraction of active principles, we should be careful lest we sacrifice utility to nicety. We all know that even *quinia* is not in all cases a substitute for Peruvian bark, although this article approaches nearer to a perfect embodiment of the active principle of a natural product than any other. Quinia is not always bark, nor morphia opium. But in the case before us, for yeast, in my opinion, no substitute can be obtained, even by a combination of every one of its active principles artificially; for, as before observed, there seems to be an active principle in the original that cannot be found by analysis, and that is destroyed by it. This principle seems to me to resemble the principle of life.

In conclusion, I hope your professional readers will bear these suggestions in mind, and when they have a case suitable for it, give the article a trial, and the patient a chance to be benefited by it. It is proper to say that *brewer's yeast* is the article I always use. Distiller's, baker's, and common family yeast, do not act so well; though either are very far better than none. When prepared as above, it is by no means disagreeable. With children, I generally call it porter sangaree, and they are not aware of the deception.

Yours, GIDEON B. SMITH, M.D.

Baltimore, Md., January 22, 1852.

Baltimore, January 27th, 1852.

DEAR SIR,—I feel it to be my duty to place at your disposal the following statement of facts, at the earliest moment.

I had scarcely returned from mailing my article to you on the subject of the use of yeast in putrid sore throat [see above], when I was called to visit a family of four children. I found them all laboring under severe symptoms of scarlatina maligna. The mother informed me they had been for two or three days complaining of dryness and some soreness of the throat, headache, nausea, and pain in the back and stomach; but on Friday evening, 23d inst., three of them went to bed, viz.—John, 13 years; Mary, 8 years; and Robert, 4 years of age: Charles, aged 10 years, not in bed, but complaining greatly. When I saw them, on Saturday morning, the eruption was fully developed on the face and neck of the three first, of a dark dull red color; the throat very sore; the tongue dry, with a dark fur on the middle and back portion; grey spots on the tonsils and fauces; great mental uneasiness; eyes quite red, and great anxiety of countenance. In fact all three had strong symptoms of the worst form of scarlet fever. The pulse was almost too quick to be counted, and heat of the skin very high. The skin of all three had also assumed the peculiar *rugous* appearance described in my previous article. I had come to the conclusion that brewer's yeast was an antidote to the specific poison of scarlet fever, and I immediately ordered its free

use in these cases, administering it also to Charles who was not yet in the eruptive stage. I ordered the yeast to be mixed with an equal portion of water, and to be well sweetened with *brown* sugar, each patient to take a tablespoonful every two hours, unless it affected the bowels, in which case the quantity to be reduced one half. I gave no other medicine, and did nothing else except applying sinapisms to all their throats to enable them to swallow. On Sunday morning I found they had all passed a tolerably comfortable night. Their tongues were all clean, moist, and of a healthy color; throats slightly sore; the eruption extended over the whole body, but evidently on the decline. Charles, who was one day later in the various stages than the other three, was now on an equality with them. On Monday morning all of them were so well they begged hard to be allowed to leave their beds, except Robert, the youngest. This morning, Tuesday, 27th, I have pronounced them all *well*. Robert had been dreadfully burned several months ago, by the bed being accidentally set on fire while he was in it. All the burnt surface had been healed, except a place as large as my hand on the lower part of the abdomen. His long confinement and debility from that accident, rendered his attack of the scarlet fever much to be dreaded; but even in his case the disease has passed away. The fact that this remedy acts as an antidote to the poison of scarlet fever, seems to derive great support from the case of Charles, who commenced taking it before the fever and eruption were developed, and who, though one day later than the others in the development of the disease, got well at the same time they did.

Now here are four cases, three of which commenced on Friday night, the other on Saturday night, all presenting the worst form of the disease, and all well on Tuesday morning—three days and a half in three of them, and two days and a half in one of them; and no remedy whatever used except brewer's yeast and occasional sinapisms!

As stated in my former paper, I have long used this remedy in scarlet fever, measles, smallpox, and all other eruptive febrile diseases, when they degenerated into the typhoid state—or collapse, as it is generally called. I have never before administered it in the first or eruptive and febrile stage, in which, from its success in these cases, it would seem to be even more efficacious than when delayed till the collapse takes place. I know you will think me very enthusiastic on this subject, and too easily led away by a single success with a remedy; but, when you consider the nature of the disease, its extreme danger when it assumes a virulent form, and the uncertainty of all remedies heretofore used; and when you consider, also, the formidable character of the case first reported in my former paper, and also that of the four now presented, and the very happy and speedy termination of all of them, I feel assured you will excuse me for calling the attention of the profession to the subject in the most earnest terms. I have rather underrated than exaggerated a single symptom of any of the cases. When I commenced attending them, the parents immediately became hopeless of saving any one of them, as soon as they learned what the disease was. The parents of the four children had lost a son, a few years ago, of the same

disease, and they declared all these children were much more severely attacked than he was. I therefore feel it my duty to lose no time in making these facts public. Respectfully, GIDEON B. SMITH, M.D.

STRICTURE OF THE URETHRA.

[Read before the Southern (Mass.) District Medical Society, by PEREZ F. DOGGETT, M.D., and communicated for the Boston Medical and Surgical Journal.]

I WAS called, Aug. 21, to visit W. C., of South Middleboro', a laboring man, aged 23; of healthy elastic constitution, and mixed temperament. The nature of the case under consideration was evinced by the retention of urine, and the groans of the patient; yet a delay of a few moments was made to investigate causes. I learned that when the patient was 9 years old, he received an injury in the perineal region, when riding on horseback; and from that time there had been occasionally some difficulty in urinating, sometimes amounting to complete retention; but with the aid of quietude, rest and medicine, he was speedily relieved. It was now near midnight. I learned that the physician of the place had been with the patient the day previous, and that from some misunderstanding he was not again expected, unless sent for. Inquiries were immediately made in reference to what had been done for the patient. All was found to be judicious, especially the full venesection, and the tender, though unsuccessful attempt to catheterize. The repetition of this last operation, though unsuccessful in the hands of my predecessor, appeared to be the main indication for speedy relief; but the patient pleaded so eloquently against it, as the parts were very sore and tender, and having no anæsthetic agent at hand, I thought best to omit it for the present; and ordered, with some alteration, a continuance of the medical course, which consisted in aperients, diuretics, fomentations, and anodynes by draughts and enema. At 4 o'clock in the morning, left my patient for a few hours.

Aug. 22d, 2 o'clock, P.M.—I have been absent much longer than expected. Find the patient no better. Now sixty hours since micturition, with the exception of discharge of half an ounce in the interval of last visit. Bladder much distended, very sensible and perceptible to the touch, in pubic region. Pulse 120, full and hard, with irregularity during paroxysms of expulsive pain. On examining state of bladder and its appendages per anum, find their condition more abnormal than anticipated. The inferior portion and cervix, enormously thickened; prostate barely distinguishable; the whole region, including the triangular space to the bulb, much enlarged, distorted, and so indurated that it scarcely resiliated to the touch. Catheterization attempted; but, with the most gentle, persevering and adroit means that I could exert, was unsuccessful. The instrument would stop at the bulb suddenly, as though interposed by a hard substance; evidently defining the spot of a most perfectly-organized stricture. Ordered warm bath at intervals, blister to the loins, and a continuance of the treatment, except diuretics. 10 o'clock at night.—No mitigation of symptoms, but increasing in as-

perity. Considering it unsafe to defer a dernier resort, by a delusive hope that something favorable would transpire, I recommended paracentesis, and also consultation with Dr. Snow, the physician who had previous acquaintance with the case. After deliberating with this gentleman, with great circumspection and care, the conclusion we came to was, that the operation must immediately be performed. For this purpose the patient was brought to the foot of the bed, and the body slightly inclined back, supported by an assistant, with each foot resting upon a stool. The anæsthetic agent was now administered, and the patient rendered insensible. Not being able to distinguish precisely the spot, to puncture the bladder through the rectum, on account of the confused state of the parts between the peritoneum and prostate, I deemed it far more safe to operate above the pubis. Accordingly, the incision was made in the ordinary way, which brought to view the coats of the bladder; but not having my trocar in order, the operation was completed with the lancet, by an incision into the bladder, and the insertion of a female catheter. This immediately relieved the organ of more than five pints of high-colored, ropy urine, and the patient of great agony. 2 o'clock in the morning, leave patient in the sweet embrace of Morpheus, after seventy-two hours of watchfulness.

23d, 11 o'clock, A.M.—Patient comfortable; has had refreshing sleep; taken nourishment, and has an increasing appetite. No disposition to urinate naturally, but very freely through the artificial opening. No appearance of extravasation into the cellular texture, or sympathetic irritation from any source. Recommend farinaceous diet, and discontinuance of all medicines, except half a drachm sweet spirits of nitre in mucilage, repeated every fourth hour, and occasional gentle physic.

31st.—Since last report the patient has been very comfortable, except when annoyed by attempts to catheterize, till within the last thirty-six hours. Now some symptoms of peritoneal inflammation appearing, and the patient growing weak, restless and despondent, I suggest to Dr. Snow, who has been constantly in attendance with me, the importance of devising means to get clear of the opening above the pubis. For this purpose I recommended the radical operation for stricture of the urethra; in which proposal he immediately concurred with me. As it is said, "in a multitude of counsel there is safety," Dr. King, of Middleboro' Corner, was called in consultation, who immediately gave it as his opinion, that the operation was the only scientific course of procedure in the case. All necessary arrangement for it was therefore made. The patient was placed in the position for lithotomy—not manacled, as a suitable number of assistants were present to support him. Chloroform was administered by Dr. Snow, and the patient rendered perfectly insensible. I now introduced a metallic catheter into the urethra, as far as the stricture, which was carefully retained there by Dr. King; made an incision in the perineum, in the course of the raphe, quite down to the extremity of the catheter, which now with facility moved on half an inch, and again became firmly obstructed. The catheter was now withdrawn, and a small director introduced in its place, about half the distance through the membranous portion of the urethra, and

with a straight bistoury the incision was extended as far as practicable or necessary, and the catheter introduced and carried along until it met with another obstruction, probably at the prostate, which by the application of some force was overcome, and at length the catheter, as I judged, entered the bladder. But on depressing the external end of the instrument, to my utter astonishment, as well as that of the gentlemen in consultation, no urine escaped, although at intervals it occupied the central and lower part of the organ, which I judged contained about three gills of urine. By way of demonstration, an attempt was made to carry the catheter nearer the fundus of the bladder, in order to come in contact with the one introduced above the pubis. Being several times foiled, as well as the other medical gentlemen, by an interposing smooth substance, obviously of a membranous structure, I conjectured that this substance was either a fold of the mucous membrane of the bladder—or that there might be attached to it, a partial membranous partition. Under these circumstances, the chloroform was discontinued, when the system promptly re-acted, and the patient was restored to his normal sensibility. When asked how he felt, he replied “quite comfortable, with the exception of some lightness of the head and soreness below,” meaning in the perineal region. In deliberating again with the medical gentlemen, an expectant course of treatment was agreed upon, leaving the catheter in the bladder, with the administration of anodynes, according to circumstances.

Sept. 4th.—Since the operation, particularly on the succeeding day, the patient has been remarkably comfortable. Had dejections and urinated freely through the instrument above the pubis, but not a drop below. Pulse 80; increasing appetite, with mitigation of inflammatory symptoms. With these indications, of import both serious and cheering, another effort was made for the patient's cure. A consultation was holden with the same medical gentlemen; the result of which was, a unanimous concurrence in the opinion, that another surgical operation was indispensably necessary, to consist in making an opening with a long trocar, through the perineum and urethra, into the bladder—not, however, in the language of Liston, “by a random thrust.” On the authority of Sir Benj. Brodie, and other eminent surgeons, a straight silver canula was procured, of proper calibre and length, with blunt end and stilette adapted. The patient was placed in the position for lithotomy, and rendered insensible by the anæsthetic agent. The catheter was now withdrawn, and the canula, with stilette screwed in, was introduced in its place with facility, until it reached the prostate, where there appeared so much resistance, that the stilette was screwed out, and with gentle pressure carried along into the bladder; but on extracting it from the canula, to my disappointment no urine escaped. Following out my first hypothesis, of the fold of mucous lining, or the membranous partition of the bladder, the instrument was carried in the axis of the viscus, towards its fundus, and meeting with resistance was gently moved above the pubis, in the direction of the trocar below, but met the same interposing substance as on a previous occasion. The trocar was now carried a little further, and perforated what was supposed to be the in-

terposing substance; when the sudden, delicate removal of resiliency indicated success, and on extracting the stilette about half a pint of urine escaped. The chloroform was now discontinued, and the system very kindly re-acted, leaving the patient with total immunity from pain. Drs. Snow and King were present, and in consultation we thought it best to leave the canula in the bladder, to remove the instrument above the pubis, and heal up the orifice. The patient was left in charge of Dr. Snow for the next forty-eight hours.

6th.—The patient has remained very comfortable since last visit; had spontaneous evacuations from bowels; urinated freely from the canula; no appearance of extravasation or symptoms of inflammation, and the puncture above the pubis has nearly cicatrized over. Propose introducing the catheter through the whole track of the urethra, as soon as the part has sufficiently dilated, and soreness mitigated. The case was now, by mutual agreement, transferred to the care of Dr. Snow, who lives in the immediate neighborhood of the patient.

21st.—Patient's funds being exhausted, he has made application to the town authorities of Wareham, the place of his nativity, for pecuniary aid; and by their order his medical care is again transferred to me. During the last fifteen days, patient's health, both local and general, has much improved; the former, however, not so much as was anticipated. He has continued to urinate wholly through the canula, with the exception of a very inconsiderable amount through the natural passage when the canula was extracted to be cleansed. Several unsuccessful attempts have been made to catheterize. On account of morbid irritability, tumefaction, and the consequently undilated state of the part, it was thought best to omit the practice for the present, and trust to the restorative powers of nature. He is taking at intervals sweet spirits of nitre, and gentle cathartics. Direct a continuance of this course.

Oct. 8th.—Since last report, have occasionally visited the patient. Nothing material has occurred, with the exception of a decided gradual improvement of the local difficulty—there being less irritability and swelling, and an increase of dilatation, evinced in extracting and introducing the canula. Now consider the patient's case more favorable for catheterization, and he evinces more willingness to submit to it (having hitherto firmly opposed it) as well as a resort to the anæsthetic agent for that purpose. Being now decided that sufficient remission of symptoms has occurred for further surgical aid, no time was lost in procuring a supply of the most improved catheters, both common and cutting—the proper equipment for my next visit.

10th.—While making arrangements to visit the patient, received a message from the town authorities—that “further attendance upon W. C. will be unnecessary, as he will be transferred to Dr. Snow, the physician of the neighborhood, who living near can tend upon him at less expense for a short time, when he will be sent to the Mass. General Hospital.” From this date I had no knowledge of the patient, until last February, four months. At that time he came running into my office, his countenance beaming with joy and gratitude, saying that he had got well; that after my dismissal he was under the care of Dr. Snow near

seven weeks ; that he was then taken to the Massachusetts General Hospital, and there remained about three weeks, under the care of Dr. Henry J. Bigelow, the principal surgeon of the institution, and was discharged cured. What particularly was done for the patient, while in the Hospital, I was unable to learn, amidst his excitement and my hurry to attend a professional call. I remember that he alluded to Dr. Bigelow's operation upon him, the safe confinement of his wife last autumn, and her present interesting state ; most fully corroborating the truth of his statement that the integrity of the penis was fully restored.

In concluding the report of this interesting case, with rendition of all honor to my distinguished successor, if it is shown that human suffering has been mitigated, and something contributed worthy the records of surgery, I am satisfied—trusting that the day is not far distant, when professional jealousy shall be banished from the heart of every true lover of medical science, and surgery cultivated in the retired hamlet as well as the populous city, and its votaries equally encouraged by the people, with fair competition for its laurels in the field of humanity. Then shall the bleeding artery be arrested, and the groans of the dying find speedy relief, in country and city—and surgery, the flower of medicine, no longer “bloom like islands upon Arabia's wild.

Wareham, November 1st, 1851.

MERCURIAL COMPOUNDS FOR FILLING TEETH.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In December, 1843, I gave to the public, through your pages, my views of the use of mercurial fillings for carious teeth. I then made a full statement of the great injury and suffering which I had witnessed from their use, it being a time when these pernicious and previously condemned articles—amalgams—were again introduced by the authors of “mineral paste” and “lithodeon,” who were committing their destructive operations in many parts of the country. And I should not so soon ask to be heard again, had it not been for the appearance of an article in your Journal of the 14th inst., over the signature of “A. C. Castle, M.D.,” of New York city.

I am not willing that such an article should have the aid of your Journal to disseminate doctrines, the mischievous tendency of which has been repeatedly proved, wherever they have been suffered to govern the practice of dentists, without endeavoring to place upon their guard those of your readers who might be led to repentance through suffering, should they allow those abominable compounds of mercury to be placed in their teeth, under the false impression that they are *best in any case*.

I have always repudiated the practice. I will not be quoted as sinning against light in a single instance by the employment of amalgam ; for I have scarcely passed a week during many years, since this obnoxious article was introduced, without witnessing some of its injurious effects.

In your editorial remarks of the 31st of December, you have forcibly

uttered that which is true and just in regard to "dental amalgams." Those remarks may offend or wound. Let them do so. They will hit only where they are deserved. You say, "It has been clearly shown that nothing can be relied upon for this purpose" (the filling of teeth) "but gold, and responsible dental operators all over the land have repeatedly taught the same doctrine." Yes, Sir, this is correct, and will be responded to by those of the profession whose names have been long associated with all that is known of American progress in the science and art of dentistry, and whose skilful and faithful operations have given a high character and stamp to the practice of dental surgery at home and abroad. They have demonstrated, beyond all truthful denial, the superiority of gold fillings for arresting caries in the worst cases that occur where an operation can be relied upon for service; and they have borne ample testimony to the pernicious effects of "*mercurial cements*."

We do not expect those who use them to speak of the injurious results or uselessness of their operations. These will be made manifest in a thousand ways. Those who use amalgams, have their reasons, no doubt, for so doing. I would not here inquire or suggest what these may be. The recipients of their handy works will not be slow to find them out; and every man who has passed through a few years of professional experience, after having so learned his art as to do justice to his patients without resorting to such mercurial aids, will readily discover a *reason* for their use, but never a sufficient apology.

I would not be understood, by what I have said above, as entering into any controversy with the writer of the article which has called forth my remarks. Dr. Castle professes to know the origin and history of "dental amalgams;" and if so, he has seen already the amount of what I have to offer on the subject. My object in repeating what I now do, I have stated in the commencement. With regard to the doctrine which I herein condemn, I do not view it as coming especially from Dr. Castle. It has long been published to the world, and the practice to which it leads has been seen and repudiated by a host of the ablest men in the profession, who would have as much interest in adopting it as any others, could they do so in justice to their patients—to their own reputation and conscience. And therefore, wherever, or with whatever individual authority, Dr. A, B or C may proclaim the superiority, merits, or even *harmlessness*, of "*mercurial dental cements*"; while I stand on the watch tower, I shall be in duty bound to cry, *beware of the enemy*.

J. F. FLAGG.

No. 31 Winter st., Boston, Jan. 27th, 1852.

KOUSSO, FOR THE CURE OF TAPE-WORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having had an opportunity of employing koussou in a case of tape-worm, I forward you the particulars of the case. The patient, S—— P——, æt. 7½, has resided in Texas the past three years, has always enjoyed comparatively good health, and nothing occurred to

excite suspicion of his having *tape-worm* until about three months since, when on a steamboat, travelling from New Orleans to St. Louis, small portions, one or two links at a time, began to come away, and this continued until his arrival in Albany. There he was placed under medical attendance, and infusion of pomegranate prescribed, which was continued several weeks without producing the desired effect, though small portions of the *tania* continued to be discharged for some time. Various domestic remedies were now resorted to, but without avail.

Jan. 11th, the patient came under my observation. Light complexion, sandy hair; pale but not emaciated; craving appetite, never satisfied with eating; pain and uneasy sensations in the epigastric region, allayed by eating; pupil of the eye much dilated; tongue very round and pointed, tip red, sides near the tip strawberry like, and back part of it close brown fir; pulse natural during the day; feverish and restless at night, with frequent night terrors. Never has complained of itching of the nose, nor other symptoms of the kind. Prescribed squash seeds, as recommended in the Journal. Three hours after, a dose of oil removed a larger portion of the worm than had ever been passed before.

12th.—Continued the squash seeds, but without any further effect.

13th.—Continued the infusion of pomegranate until 17th, 8½ A.M., then administered 145 grains of koussou, two thirds of the dose for an adult, the patient preceding and following it with lemon juice and water, a little every ten minutes. Occasioned nausea immediately, and with considerable effort it was retained in the stomach forty minutes, when the greater portion of it was thrown up. In an hour and a half had a slight movement of the bowels. 11½, another slightly-brownish discharge, apparently the koussou. Prescribed a full dose of ol. ricini, with spirits terebinthina. 1½, P.M.—No effect from the oil. As he had taken no food, allowed him a cup of tea with toast. 6½, P.M.—No movement from the medicine. Has a good appetite; pupil of the eye smaller; pulse regular, natural. Says he “feels perfectly well every way.” 7, repeated the dose of oil. 10, P.M.—A very brisk operation from the medicine, which brought away about twelve yards of the *tania solium*, which appeared to be the entire remaining portion, tapering down nearly to a point, and other small fragments detached.

18th, 8½, A.M.—So large a portion of yesterday's dose having been thrown up, deemed it necessary, for the security of the patient, to repeat the koussou. Accordingly formed the remaining 95 grains into a thin paste with cold water, adding a small quantity of hot water, and allowing it to infuse ten minutes, administered it in divided doses, the patient taking lemon juice and water, as before, every ten minutes. The only perceptible effect was slight nausea; pulse quite natural, and the little patient actively stirring about the room. Pupil of the eye decidedly more contracted. 12, M.—No action from the bowels. Prescribed oil as yesterday, a full dose. 4, P.M.—He drank a cup of tea with toast. 6½, P.M.—Slight movement from the bowels. Repeated the dose of oil. 9, P.M.—A brisk operation from the last dose of oil expelled another tape-worm, which proved to be the *tania lata*. The *tania solium* must have been originally at least twenty-five yards long,

links about one inch ; the *tænia lata* about one and a half yards. The head was entirely separate from the rest of the worm.

With great haste, E. A. POND.

Rutland, Vt., Jan. 22, 1852.

P. S.—Both specimens can be seen at the drug store of Pond & Morse.

LITHOTRIPSY IN THE FEMALE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the following instance the patient did not appear to be a favorable subject for this operation. Her health was very bad ; she was about 35 years of age, had been confined to her bed during the last half of her life, and was so deformed that she could not be made to assume the erect posture. The digestive functions were impaired, tongue habitually coated, and she was affected with formal dyspepsia. She was emaciated, feeble and irritable, and had for many years suffered intensely from the presence of stone in the bladder. This organ could contain only a small quantity of urine, and the desire to void it was incessant and painful. From vesical irritation there was an abundant secretion of mucus. She was, on the whole, pretty nearly broken down in constitution by the protracted and complicated nature of her maladies, and it was with a good deal of reluctance I undertook the process of crushing the calculus, fearing an unfavorable issue. But I was disappointed ; the operation was entirely successful, and was completed without any accident whatever. The calculus, when seized by the lithotritter, was found to be eighteen lines in diameter, and it offered at first great resistance to the instrument. But it was completely demolished in six sittings ; it might have been done in less, but for the embarrassment which resulted from inability of the bladder to tolerate distension. The urethra also being ample, the sittings were protracted by the frequent and involuntary discharge of the fluid contents of the bladder, which escaped with a gush by the stem of the instrument. But this capacity of the urethra, on the other hand, greatly facilitated the discharge of the comminuted fragments, which occurred in a short time after each crushing process was completed. The collected fragments weighed five drachms.

Greenfield, Jan. 20, 1852.

J. DEANE.

[WE have every reason to believe that the following remarks were written with the most friendly feelings towards the gentleman referred to, and we know that they are thus admitted to the pages of the Journal.—ED.]

CANDOR IN MEDICAL REPORTS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—For the want of proper frankness on the part of medical men, many valuable lessons are lost to the profession. There is, we

think, with some physicians (and we make the remark in no censorious spirit), a disposition manifested in their reports of cases to withhold a part of the facts from the public view—facts, too, which may have had much weight with them in determining their treatment or diagnosis. They appear to shrink from the scrutiny of their brethren, as if they feared that a full and impartial statement of every material circumstance, as it occurred, would give the impression that they had committed some slight error, which, if avowed, would render them liable to obloquy. They fear to publish their failures, while they readily enough trumpet every success—forgetting that the former may teach as valuable lessons as the latter. In fact, they wish their cases to appear perfectly fair and smooth—polished down to the nicest standard which modern science has set forth. And in their anxiety to have them appear thus, they sometimes, though perhaps unconsciously, fall into the opposite error of polishing too much—thus rendering their productions as truly violations of nature and of good taste as would be a landscape which should come from the hand of the artist with all the rocks on a rugged mountain side painted with smooth and carefully-rounded surfaces. They do not reflect that the path of medical practice is an uneven one, and often presenting dubious turns and windings, wherein the most familiar are liable to go astray.

We do not know why this feeling should prevail—nor can we think it does to a great extent. We believe the general disposition on the part of medical men is to give candid reports of their cases, which are the only ones of any value. Neither do we know why any one should feel reluctant to own that he has been mistaken—in medicine particularly—for the sources of error are so numerous, and the difficulties in the investigation of disease are so great, that the most experienced and erudite must have often erred. And he who would assert that he has never been mistaken, must be “written down either a fool or a liar.” It may be said that one is not bound to parade his false steps before the world. Of course not—but such an one should not attempt to point out the way. It is better to remain in darkness than to follow a light that burns but to deceive and mislead.

If the old and experienced members of our profession, who have sailed over the troubled sea of practical life, and who, notwithstanding an occasional thump of their good bark upon undiscovered rocks, or a drift upon dangerous shoals, have finally moored in a safe and quiet harbor—shielded by that all-powerful bulwark, reputation, from harm—if these attempt to mark upon the grand chart of experience the course that they have sailed, they are in duty bound to define, so far as they are able, the position of the hidden rocks and treacherous shoals, that those who come after them may escape if possible the dangers that have menaced them.

These remarks were suggested by reading the report of a case of “amputation of the uterus after partial inversion,” by Dr. Usher Parsons, of this city, and published in the *Boston Medical and Surgical Journal* of Jan. 21st.

Dr. Parsons, we fear, has not done all the good by this report that he

might have done. He has failed to show the difficulties which he met with—except “the known repugnance of the patient to examination”—in arriving at a correct diagnosis in this very interesting case; difficulties which even, we fear, led astray so good and experienced a surgeon as himself. We maintain that he should have done this, as there was no good reason why the information should have been withheld. His reputation certainly could not have suffered from the avowal, either with the profession or the public, for it is too well known and acknowledged to be so easily shaken.

We know nothing of this case except what we have learned from Dr. Parsons himself, and we felt a regret, on reading the report, that it was not as full and frank as was the verbal one which he made to the Providence Medical Association about ten days after the operation. At that time the tumor was presented, in alcohol, as a “polypus of the uterus, differing somewhat from the ordinary polypi of that organ, being much firmer in texture.” The mode of operation was also described, wherein he stated that he first attempted to cut it off at once, after having drawn it down, but desisted on account of the free hemorrhage which followed the first incision of the knife. After that he applied the wire ligature, as described in the Journal. He then proceeded to speak of some “unusually large bloodvessels,”* which had been found to enter the polypus at the centre, and congratulated himself that he did not cut it off, previous to applying the ligature, as he had originally intended—believing that the hemorrhage would have proved dangerous. He then cut open the “polypus,” and exhibited it to the members of the Association, one of whom was first to call the attention of Dr. Parsons to its true character, which was demonstrated by passing bristles into the Fallopian tubes.

This we regard as an *unreserved* statement of the case, so far as we were able to gather the facts at the time. If we have stated aught inaccurately, we hope some other gentleman who was present on the occasion will do us the favor to make the correction, which we will cheerfully acknowledge.

We believe we have conversed upon this subject with but two physicians up to the present time, and of course should not have alluded to it now if the case had not been made the property of the profession at large, and therefore open to honorable criticism.

It appears that Dr. Parsons was slightly deceived in the “tumor,” which he had excised, both before and after the operation. We think that, from a sense of justice to the profession, if for no other reason, he should candidly have declared the same in his published report, and thus have shown the difficulty of arriving at a correct diagnosis in similar cases. We felt no little regret that a gentleman, standing deservedly so high in his profession, should not have avowed, fearlessly and at once, an error, which, while it could have done himself no possible harm, would not only have relieved us from an unpleasant duty, but

* These “large bloodvessels” afterwards proved to be the *cul-de-sac* formed by the dipping of the peritoneum into the centre of the inverted uterus—and drawing with it a portion of the Fallopian tubes.

would also have taught the younger and less experienced members of our profession two valuable lessons—one as regards their liability to be mistaken, even after the most careful investigation; another as showing them a noble and magnanimous example of teaching wisdom to others by pointing out wherein he had erred.

Providence, R. I., 22d of 1st mo., 1852.

G. L. COLLINS.

DISINFECTING AGENTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the last number of your Journal you make mention of a new method of “overcoming bad odors,” &c., by the combustion of chloric ether in a lamp. Admitting it to be capable of accomplishing all that is claimed for it by its discoverer, I think there would be found some objections to its common use, from the fact of its not being so *safe* a disinfectant as some others which have been recommended. That a safe, effectual and permanent disinfecting agent, is much desired by the profession, as well as by others, is apparent from the labor and zeal which have been manifested by many in their researches for this purpose. But notwithstanding the efforts of chemists to prepare a substance to decompose or absorb putrescent odors, they have not as yet been able to find any thing that was effective and permanent. The cause of bad odors may be fully understood, but the proposed remedies have generally proved abortive, at least so far as I have had an opportunity of testing them. Last spring mention was made, in your Journal, of the discovery of a substance that was said to be an effectual destroyer of the foul emanations which arise from decomposing vegetable and animal matter. That substance was a powder made from a peculiar kind of peat moss, which was carbonized and prepared by the “Great Pond Mining and Agricultural Company,” at Cape Elizabeth, Maine. Having had frequent opportunities of witnessing its remarkable properties, I am of the opinion that nothing has yet been found which will compare with it in *cheapness, effectiveness, or permanency*. My object, Mr. Editor, in noticing your paragraph on the disinfecting properties of chloric ether, when burned in a lamp, is twofold. First, I do not consider it safe to make free and common use of it, be it ever so good a deodorizer; and, second, to inform you that since the powder above-mentioned was noticed in the Journal, it has been subjected to further trials in order to test it thoroughly, which I am happy to say have resulted in demonstrating it to be the *only true and permanent deodorizer* as yet known. Should you think it would interest your readers to have the details and results of several experiments with this powder made known, I will in a future number of the Journal communicate the same.

Yours very truly,

GEO. STEVENS JONES,

Boston, Jan. 28, 1852.

81 Charles street.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, FEBRUARY 4, 1852.

Letter from Damascus.—In the ancient city of Damascus, while on our recent tour, we formed an agreeable acquaintance with the writer of the following letter, Dr. Paulding, a native of Ohio. We have a grateful recollection of his personal kindness, and his efforts to save us from the knavish tyranny of the Arabs who were to convey us over a vast extent of that demi-savage country. The papers to which he alludes, being answers to medical questions proposed in regard to certain diseases and physiological laws in that region of Asia, have not been received. As to the bark referred to, a request was made that he would try the medicinal effects of the olive-wood bark in the treatment of intermittents, a malady that is extremely obstinate and fatal throughout Syria. We trust that before Dr. Paulding reads this note, the papers will have come to hand. Any communication from him on the subject alluded to, would be both new and valuable.

To Dr. Smith.

Damascus, 11th Nov., 1851.

MY DEAR SIR,—I sent you, by last English post, a couple of packages containing answers to a part of the questions you handed me when here last spring, which I then promised you immediately. An apology is due for its long delay. Shortly after you left Damascus, business called me to Beirut, and I was obliged to make three successive journeys across the mountains to the coast; and by the time I had accomplished these, summer had commenced, and I had to make immediate arrangements for removing my family to the mountains. This accomplished, I was seized with illness, which confined me to my room for more than a month, and on recovery, I found so much time had passed by since I promised you to write, that it would be best to omit it altogether, and so dismissed it from my mind. But recently receiving a number of your Journal, the subject was again called up, and the consequence is—the budget sent. I wrote it amidst continued interruptions and visitations by native patients, and it is therefore not what it should have been; and if on perusal you deem it unsuited to your Journal, throw it under the table, and you will give me no offence. If, however, you publish it, do me the favor to correct the proofs yourself, and rectify the errors as far as practicable.

I have not yet made the experiments you requested with the bark of the olive tree, not having been able to obtain such chemical tests as would enable me to analyze it properly. I intend sending you in a short time a bundle of bark and twigs of the tree, that you may analyze it and ascertain if it contains any principle analogous to quinine.

There is at present much sickness in Damascus—a malignant typhoid fever prevails throughout the city, which is very fatal. My own family and all our mission circle are well.

If your time permit you to write, I shall be most happy to hear from you, and any questions relative to the profession here, or to any other subject, shall, if possible, receive prompt attention.

Believe me, my dear sir,

Very truly yours,

J. G. PAULDING.

Lectures on Medical Jurisprudence.—Judge Parker, Royall Professor of Law in Harvard University, will commence a course of twelve lectures, as has already been mentioned, in the Boylston Medical School, of this city, on February 9th, and continue them on Mondays, Wednesdays, and Fridays, at 3 P. M. This is a spirited movement by that well-organized institution, and we tender our best wishes for its success. Medical jurisprudence, like chemistry, has been too much regarded as one of the non-essentials in medical education. A returning sense of duty in the Faculties of our Colleges, together with the promptings through the Journals, may finally lead to their restoration to the legitimate positions they should have in each and every school of medicine. The learned Drs. Beck and Williams, and a limited few besides, scattered through the Union, have written well on this weighty subject of Medical Jurisprudence, but gentlemen of the law are of late quite engrossing it. On the whole, it is very well that they should study it in all its varied ramifications, as Chitty and Guy have in England, since they no doubt perceive that the physicians have about abandoned it. Judge Parker will invest every topic in the domain of medical jurisprudence with extraordinary interest, if he throws into the scale the vast accumulations of his own personal experience. He will doubtless define the relationship which one class of medico-legal facts may have to others, together with the principles of the law of the land in their application to each and every point in the range of the science which is to be taught by him. Since it is commonly said by gentlemen of the bar that physicians are the poorest witnesses on the stand, and are more easily broken down than others of half their knowledge, partly because they are not quite certain in regard to mooted points, it would be advantageous for as many of us in the city to attend these lectures as can make it convenient. We hope they may eventually be published.

Medical Biographies.—From the degree of interest universally manifested in medical memoirs, we again respectfully beg to direct the attention of our numerous correspondents to the compilation of the lives of those who may have recently passed away, and thus, in rescuing their memories from oblivion, give a permanent record of their trials, successes, and their moral and scientific attainments. There has been an unusual degree of neglect in this particular department of our medical literature, especially in New England. With all the efforts that could be brought to bear, a sketch of the early lives and subsequent histories of Drs. Wyman, Randall, Woodward, Lee, Gorham, and others, of acknowledged worth and standing, could not be obtained, and to this day nearly all that is known of their talents or services, is embalmed in the bosoms of their immediate relatives and friends. Time makes their names more and more indistinct, and by and by there will be a generation on the stage that will have no interest in those pioneers of medical science. The life of that very remarkable man, the father of surgery in the interior of New England, the late Dr. Nathan Smith, the founder also of the Medical School of Dartmouth College, would be intensely interesting as well as instructive, even at this late day. Any one who would transmit a condensed paper, embodying the essential points in his long career of professional usefulness, would confer a favor on the rising men in our profession. Within a few years, very many distinguished practitioners have gone to that "bourne from whence no traveller returns," and not a line is extant, where

it should be, to perpetuate their excellent names among us. If this last appeal to our readers, to save and transmit whatever they can gather, illustrative of the minds, manners, habits and achievements of those medical brethren who have rendered up an account of their stewardship, is in vain, it will hardly be worth while to prompt them again.

The Ether Controversy.—This matter is again before the House of Representatives at Washington, who, through one of their committees, are now considering the pretensions of various claimants. Dr. W. T. G. Morton, of Boston, has petitioned Congress to appropriate to him a sum of money for making the discovery. Dr. C. T. Jackson has remonstrated against the recognition of Morton's claim by Congress, asserting himself to be the discoverer.

"To-Day."—This is the title, and an original kind of one, of a weekly literary Journal, edited by Charles Hale, Esq., of Boston, which deserves especial patronage, because its selections are excellent, its original articles appropriate and in good taste, and it is calculated to aid materially in the great effort that should be made to refine the public sentiment and morally advance society. We learn, by a paragraph in "To-Day," that a new work is in press at Cambridge, Mass., by C. H. Pierce, M.D., entitled "Examinations of Drugs, Chemicals, &c., as to their purity and adulterations."

The late Dr. Doane, of New York.—Dr. A. Sidney Doane, of the quarantine department of New York, a gentleman of large professional experience, a devoted literary laborer, and extensively known by his various translations from the French, and for his scientific and general enterprise, recently died at Staten Island. We deplore his death as a public calamity. A memoir of his life would be acceptable to the profession. Dr. Doane was a native of Boston, and his remains were brought here for interment. His disease was maculated typhus, or ship fever. We give below an extract from a letter we have received from a professional brother in this city, suggested by the death of Dr. Doane. The writer was familiar with this fever during the epidemic of 1847, and the results of his researches and discoveries in its pathology were then published at length in this Journal.

Alluding to the death of our esteemed friend, he says, "This melancholy event has impressed me more strongly than ever with the fact of the unusual fatality of this disease among the members of our profession. Statistics will show that no epidemic or contagious malady has ever visited our shores, that has carried off so many medical men in proportion to the number exposed."

And, in another place, "It must be noticed that here, and elsewhere, the municipal authorities, having these matters in charge, seem coldly indifferent to the requirements of our large hospitals devoted to the reception of emigrants and indigent patients. The medical force allowed is wholly insufficient. In 1847, during the great prevalence of maculated typhus at the House of Industry, in South Boston, the whole medical staff consisted of a superintending physician, one recent graduate, and two students in medicine, one of whom was disabled by ill health from entering the hospital. To this small force was committed the care of 200 fever

cases and 600 miscellaneous patients connected with the several institutions, and requiring daily and nightly attention. It pains me to add that a petition from the superintending physician to the proper authorities, at that time, to be allowed to select an assistant physician, who might share with him the responsibility of his arduous duties, was met by delay and refusal, and only granted at last when the unanimous voice of our profession made it imperious. No wonder that with such labor, and so little to second their efforts, the strong give way and the boldest succumb.

We honor that *charity*, at once broad and deep, which has founded these noble institutions throughout our land. *Humanity* demands their sufficient endowment. The error in this respect lies in not sufficiently regarding the opinions of medical men, who alone are competent to judge."

Dr. Drew's Report of a Case of Triplets.—The following account, from Dr. Drew, of the case of triplets alluded to in last week's Journal, came too late for insertion in its proper place.

I was called last Sunday P. M., 25th inst., at half past 1, to Mrs. Patrick Costelo, of Winchester. She gave birth to a boy at 20 minutes before 4 o'clock. Presentation natural. Labor pains continued, and at 20 minutes past 5 o'clock, she gave birth to another boy. Breach presentation. About two minutes after, another boy was born. Presentation natural. The placenta came away in a short time, and the womb contracted well. The placenta was about the common width, where there is only one child. The length was three times as long as it was wide. The funis attached to the first child was once around its neck; it was three feet long, and attached to one end of the placenta. That of the second was small, 2½ feet long, and attached to the other end of the placenta. The cord of the third child was two feet long, and attached to the middle of the placenta.

Weight of first child, 7 lbs.; weight of second, 4 lbs. 10 oz.; weight of third, 6¾ lbs. They are all alive, and to-day, together with their mother, are doing well.

S. WATSON DREW.

Woburn, Mass., Jan. 30, 1852.

TO CORRESPONDENTS.—A valedictory address, from New Haven, and an account of the post-mortem appearances in a case of Epilepsy, are on file. A reply to one of the articles in last week's Journal, needs some modification before it can be inserted. If controversy is unavoidable, it must at least be divested, in our pages, of offensive personalities.

MARRIED.—At Lynn, D. M. B. Thaxter, M.D., of South Boston, to Miss Harriette Sherburne, of L.—At Philadelphia, 24th ult., Prof. N. R. Moseley, M.D., to Mary Matilda Kneedler.—Dr. C. C. White, of Concord, N. H., to Miss S. J. Boyd.

DIED.—At Lawrence, Ms., of ulceration of the bowels, after a long and distressing illness, Dr. Moses L. Atkinson. A short history of his case may be expected in the Journal, from Dr. Sargent, of that place, whose attendance upon Dr. A. has been assiduous and unremitting during his long sickness.—At Bennington, Vt., 30th ult., Dr. Micajah J. Lyman, formerly of Troy, N. Y., and a native of Northampton, Ms., 85.

Deaths in Boston—for the week ending Saturday noon, Jan. 31st, 62.—Males, 32—females, 30. Accidental, 2—inflammation of the bowels, 1—disease of brain, 1—burn, 1—consumption, 10—convulsions, 2—cancer, 1—croup, 3—debility, 1—dysentery, 1—diarrhea, 1—dropsy of the brain, 2—fever, 2—typhus fever, 2—typhoid fever, 4—hooping cough, 1—disease of heart, 2—infantile, 8—inflammation of the lungs, 5—disease of liver, 1—marasmus, 1—palsy, 2—rheumatism, 2—smallpox, 2—teething, 3—inflammation of throat, 1.

Under 5 years, 27—between 5 and 20 years, 7—between 20 and 40 years, 14—between 40 and 60 years, 8—over 60 years, 6. Americans, 24; foreigners and children of foreigners, 38. The above includes 14 deaths at the City Institutions.

Prize Essay on Croup.—MR. EDITOR,—At the last meeting of the Boston Society for Medical Observation, the Judges appointed to award the prize of fifty dollars, offered through the Society, for “the best Practical Essay on Croup and its Treatment,” made the following Report.

“The Committee to whom was assigned the duty of awarding the Prize for the best Dissertation on Croup and its Treatment, report, that from several dissertations which have been presented to them, they have selected the one with the motto “*Dum tacent clamant*,” as being, on the whole, the best, and therefore have awarded to it the prize. The sealed envelope, which bore the above motto, was found to contain the name of Henry G. Clark, of Boston.

“The Committee feel it due to the authors of three other dissertations, bearing the respective mottoes, ‘*Occasio præceps*,’ ‘*Phi Beta Kappa*,’ and one with a quotation in French from Rilliet et Barthez, to say, that they are dissertations of high merit, and each deserving of a prize.

(Signed) JOHN WARE,
JOHN JEFFRIES,
EDWARD H. CLARKE.”

This Report of the Judges was accepted; and the Society voted to earnestly request the publication of the Prize Essay. It was also voted that the authors of the other essays referred to in the report of the Judges be requested to publish their respective dissertations.

Very respectfully, Yours,

Boston, Jan. 26, 1852.

H. W. WILLIAMS, *Rec. Sec.*

It may not be uninteresting to state, that it has been ascertained that two others of the essays honorably mentioned in the Report, were written by physicians of this city.

Memoir of the late Dr. Knowlton.—MR. EDITOR,—At the time of the discontinuance of Dr. Knowlton's autobiography, Dr. Tabor promised the readers of the Journal a sketch of his life from the period at which his own account ceases, up to that of his death. We have been waiting patiently for its appearance, but have been disappointed. The account ceased at the very point at which we were beginning to be interested in his position; and we were desirous to know how he extricated himself from his difficulties and gained a respectable position.

We speak the sentiments of many readers of the Journal when we say that Dr. Tabor would very much oblige them by his promised sketch.

Yours, &c.

A CONSTANT READER.

Philadelphia, Jan. 20, 1852.

Asphyxia by Submersion.—M. Plouviez, of Lille, communicated some observations upon this subject, in which he remarked that the great danger of asphyxia by submersion results from the loss of temperature, and from the introduction of water into the bronchi, and which he had found it impossible to remove by various means that he had put in practice. Among other means for restoration, the author states that small bleedings are useful by diminishing venous plethora, and so favoring the removal of the fluid by absorption.—*London Medical Gazette.*

Mass. Medical College.—The number of students attending lectures at this college the present season is 126.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLVI.

WEDNESDAY, FEBRUARY 11, 1852.

No. 2.

LEPROSY IN NEW BRUNSWICK.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having understood that some account of the disease, to which I recently alluded, might be deemed not uninteresting to the readers of the Medical Journal, I proceed to offer such information as is now within my reach—premising, however, that as I am but a mere lawyer—

“He was, *could he help it*, a special attorney”—

I must be considered entitled to draw on the kind forbearance of your medical readers for all the errors of *nomenclature*, into which I shall fall. This “the Faculty” will readily grant, when I undertake, as a “condition precedent,” that there shall be no error in *fact*.

You are already aware that the focus of this terrible disease is in the settlement of Tracadys, in the British Province of New Brunswick, situated on the Gulf of St. Lawrence, about fifty miles north of the mouth of the Miramichi River. Before the Provinces of Nova Scotia and the Canadas became British, the whole range of the Gulf coast had been partially settled by Norman immigrants, and it, no doubt, became a refuge to many of the poor “habitans” and their families, who, fleeing from the Acadian expulsion of 1755, the scenes of devastation and distress so beautifully described in “*Evangeline*,” crossed the Nova Scotia isthmus, and scattering along the shores, formed settlements, at intervals, as far north as the river St. Lawrence, carrying with them the religion, language, costume, and those primitive habits of Normandy, which in several localities are still retained. May I be permitted a digression so far as to express my hope that the author of “*Evangeline*” may visit those Acadian settlements which are yet to be found on that remote and comparatively unknown, although most interesting coast. He is said to be an amiable man, and his poetic mind would be pleased to learn that the soothing tones of the “*Angelus*,” floating from the unpretending spire of the old Acadian church of Carroguet, always heard with pleasure and veneration, sound more sweetly to those who have been taught by his beautiful hexameters to associate its music with the by-gone days of Grand Pré.

But to the subject. The extensive tract of country, lying between the Ristigouche river (the Canadian boundary) and the river Miramichi, although partially settled, as I have mentioned, was almost a sort

of terra incognita, until the year 1827, when it was created a county under the name of the County of Gloucester. Its interior was then, and in some respects still remains, a wilderness, the coast and the banks of rivers only being settled, and those rather scantily. The more populous settlements are generally those of French origin. Some are still exclusively French; others have yielded to Anglo-Saxon and Celtic influences. Tracadys is one of the old settlements, and contains about 3000 inhabitants, composed almost entirely of French Acadians of Norman descent, and it was here that this disease was first detected. For several years there had been rumors that some cases of a very disgusting disease had occurred there; but rumor also gave it a character and a name by which the sufferers were excluded from sympathy. No official notice was taken of it until 1844, when some persons being reported to be infected who were not allied by blood to those families which were reported unsound, the disease was deemed contagious, and the Grand Jury of the County took the subject into consideration as involving the safety of the public. Persons were appointed by the government to visit the settlement, and examine and report upon the state of the inhabitants. The writer held, at that time, an important office in the County of Gloucester, and it is from authentic public documents that he gives the following details. Over thirty cases were discovered, and the symptoms were recognized as belonging to the Greek elephantiasis, in all its stages. It had been lingering in the settlement for many years, and was considered to be confined to two families, but there had been three or four instances where it was known to have attacked individuals not connected with these families by blood relationship. The writer is possessed of notes of twenty-two cases, drawn up on personal examination of the unfortunate sufferers; and before referring to a report which had been officially made, and which with your permission he may hereafter communicate, he proceeds to exhibit the cases of Peter Savoy and Peter Robisheau, as they appear to embrace many of the diagnostics of the disease.

“ Peter Savoy, age 41; married; has been suffering for eight years past; complained of great weakness and pain in the stomach for three or four years prior to the appearance of the eruption, which showed itself first in spots of a dark yellowish color upon the face and forehead, accompanied by great depression of strength and spirits. The disease, after its outward appearance, advanced rapidly, and the skin assumed a dirty yellow hue over its whole surface. In the course of a few weeks the spots became livid, slightly elevated, and oily in their appearance, but not remarkable for any change of sensibility; the elevations were not large, but they soon assumed the tuberculous character. The tubercles appeared first on the face and nose, and afterwards on the arms, legs and body. The face at this time was slightly puffed, but there were no deep furrows separating the tubercles, either upon the cheeks or forehead. The cheeks were thickened, puffy, and greasy in appearance; the nostrils were swollen and greatly dilated; the ears were thickened, elongated, puffy and tuberculous. Some of the tubercles disappeared, but others shortly afterwards succeeded them upon the face. The tubercles

continued indolent for several years, after which ulceration commenced. Does not recollect that the ulceration was preceded or accompanied by pain or any febrile symptoms. Scabs formed on some of the sores, and others of them healed, but there was not any pain, neither in the scabby tubercle nor in the cicatrices of those which healed spontaneously. The tubercles on the arms appeared first on the outside of them and on the upper part; the hands appear fuller, discolored and tuberculous; these tubercles are flattened. The feet are tuberculous, swollen and ulcerated; the soles, like the palms of the hands, are puffy and flattened. The tubercles on the feet are small; the knees have been tuberculous; they have occasionally healed, leaving a smooth, shining appearance or cicatrix. Ulceration has attacked the ends of the toes, and has degenerated into sphacelus. He complains of debility in the legs, which he describes as being too heavy for him. The hair has fallen from his whiskers, eyebrows, breast and axilla, and from those other parts of the body which were attacked with tubercles. The inside of the mouth is filled with tubercles; the sublingual veins are enlarged, the lips are thickened, shining, excoriated and enlarged. The trunk of the body is tuberculous, but the indurations were not ulcerated. The voice is affected, and the exertion of talking tiresome. The nose discharges a small quantity of an irritating, puriform fluid. He complains of pain in the breast before damp or rainy weather. The senses of hearing and sight continue unimpaired; that of smell was vitiated before the nose became sore. The appetite and sleep are irregular; tongue foul; bowels open regularly; urine yellow; has experienced no alteration whatever in the sexual desire; the sense of taste is injured. He has been married sixteen years; has had seven children, four of whom are dead; the youngest living is six years old; none of them ever manifested any symptoms of the disease. He has followed fishing and farming for a living, and has used the common mixed diet of the country. He was intemperate and indulged freely in the use of spirituous liquors for five years preceding the appearance of the disease. His wife is living; she is in good health, and never had any symptoms.

“Peter Robisheau, aged 26; not married; has been diseased four years; complained of pain and general listlessness for twelve months preceding the appearance of spots. The pain was particularly troublesome in his feet. At the end of the time mentioned, discolored spots, like watery blisters without any induration, appeared upon the shins and outside of the fore-arms; the palms of the hands soon afterwards became affected, the fingers swollen, the extremities of them ulcerated and sphacelous, the bones became carious, and he lost the extreme points of several fingers, the remaining portions of them being contracted. The puffiness of the palm gives this contraction a peculiar appearance, the palm forming a straight line, and the fingers a hook at the end of it. His arms feel unusually heavy when he raises them. His face is swollen, puffy, and of a darkish hue. There are small round spots and tubercles upon the forehead. The lips are swollen; the sublingual veins are enlarged; his skin generally, but more particularly on the breast, is discolored, and there are yellowish spots on the breast resembling

brushes. The hair is beginning to fall from the eyebrows ; the feet and backs of the hands are spotted and tuberculous ; the legs are œdematous, and ulceration, exposing the bone, has attacked the joint of the great toe. He complains of pain at the pit of the stomach ; his bowels are regular, but his urine is yellow and hot. He sleeps well. There is a numbness in some parts of the skin. He felt, before the appearance of the eruption, as if he should be attacked with leprosy, as he had heard lepers complain of similar symptoms. He has always been very temperate, a farmer, and used the common diet. He is son of Joseph Robisheau, who married Anasthasia Sonier, and has two sisters and a cousin laboring under the same disease. Cannot account for the appearance of the disease upon himself, as his father and mother never exhibited any symptoms of it. His sisters were attacked before himself : has never lived in the house with them. His cousin, by his father's family, Israel Robisheau, is dead, and his uncle John died of leprosy in his fiftieth year. Family in tolerably comfortable circumstances."

The writer, in his next, will give the particulars of several other cases.
Boston, January 21, 1852. OMEGA.

VALEDICTORY ADDRESS,

Delivered to the Graduating Class of the Medical Institution of Yale College, January 15th, 1852,
 by JAMES H. CURRY, M.D., of Peckskill, N. Y., a Member of the Class.

FELLOW CLASSMATES,—The end has come. This parting over, and many of us shall meet no more. One more grasp of the hand—one more "*good bye*"—and we shall not hail each other again. We are to-night as those who stand upon the shore of an unknown ocean. The future rolls darkly before us, our vessels are unmoored, and we are to make the dangerous voyage alone. Hitherto we have had good helmsmen ; now *we* are to stand at the helm, and direct our *own* course through the war of elements. It is well, then, to look about us, being sure that our chart is right and our needle true—not forgetting that ballast is quite as requisite as *canvass*.

It is usual at such times as this, and it is fitting, to glance both at the retrospect and at the prospect. Still the past *is* past, and whatever of that past has been right or wrong—wise or foolish—improved or mis-spent—is no more. Our *incipient* stage of study is finished. It may have had pleasures or sorrows—it matters not much—they are gone—and we could not recall them if we would. Our intercourse has been brief, but not too brief to form friendships—pure, deep, fervent—which neither time nor circumstance can destroy ; for it is not time, it is not *years* alone which make a friend—no, it is unity of feeling, it is the heart gushing with sympathy for its kindred heart, mingling by intuition with its fellow, and in an instant turning the stranger to friend. By such a sympathy we have been united ; and though we may be scattered like forest leaves, the friendship here formed will not be broken. Our spirits will still mingle, and memory will forever shed a holy radiance upon the period which is now closing !

I need not, gentlemen, speak long of the great responsibility you assume in going forth to fulfil the duties of your profession. This will be referred to by one who has felt its weight, and who may well be our teacher. We are unable to appreciate all he will say. Experience alone can tell the whole story. Surely we can see much in the future to make us tremble, and we may well pause and inquire if we are willing to go farther. The drapery of romance which your imaginations have thrown around the era which is now opening, will soon drop, and you will doubtless find that the practice of medicine is not "all your fancy painted it." Your best efforts will often be misjudged, and your kindest offices returned by maledictions. Henceforth you are to obey the mandates of others; your companion is to be your horse, your home the street, and your food hunger. You are to go forth amid storm and cold—at midnight, when other men sleep or feast—at noon, beneath the burning sunshine—in the saloons of wealth, at the bedside of the fastidious hypochondriac, or amid the squalor and wretchedness of the dens of poverty and infamy—amid the fierce contagion, which like an invisible fiend is sweeping its victims to the tomb—or watching the good man as he offers up his spirit, or restraining the demoniac fury of the madman thirsting for his own blood. Through such scenes are your future lives to lead—and in those scenes you are to be the most prominent actors. And are you still willing to proceed? Then God speed you—and know that, to relieve this picture of darkness, there is another all glowing with beauty.

You are to go forth through a suffering world, scattering joy. At your touch, disease will flee, and the cheek, white with the frosts of death, will resume its glow of health and beauty. You are to wipe away the tears of many a household, and to carry gladness where sorrow has reigned. You are to battle with the destroyer of our race, and you are to overcome him. You are to bid the old man live, and he will live. By your ministrations the young man, weary of the world through suffering, shall revive again, and rejoice in his strength. And from the yawning grave you are to snatch many a tiny but priceless gem, and replace it with all its brilliancy on the bosom where it first nestled, and the blessings of those you have blessed will fall upon you like incense. Truly, if there is joy on earth, this is it. To feel and know that your toil is successful, will give your hearts more gladness than the praises of millions. You are not to deal with the amelioration of the woes of man as an abstract, nor to prate idly on the cold theory of charity unexercised. It is yours henceforth to *act*—to dispense blessings—to *do* good; and though the good you perform may not always be acknowledged, you yourselves will know it, and that knowledge alone will richly compensate you, even though others do not smile.

"One self-approving hour whole years outweighs
Of stupid starers and of loud buzzas."

Yours is not to be that chimerical philanthropy which girts the globe, but leaves the miseries of its inhabitants unalleviated. You are not to stand on the ramparts of State, sounding your own folly. Your arena is the social, the domestic world; your philanthropy is condensed, concen-

trated, practical and powerful. Your province is to bind up the bleeding hearts of families, to chase away the fears of those who sit under the shadow of death, and to throw the sunlight of health around the hearthstone. You may not share the honors of political preferment, but you will not taste the bitterness of political strife. You are not to harangue the public with your notions of "*higher law*" or "*lower law*"; for in following the duties of your profession, and acting in accordance with its precepts, you yourselves become living solutions of that vexatious problem which has so long baffled the acumen of the profoundest statesmen—showing that *you* at least can defend the Constitution and still act in accordance with that higher law which inculcates love to the whole human race.

Having premised thus much, I now propose to address you briefly on a subject of interest, not to the members of our profession only, but to all: to wit—

ECLECTIC SYSTEM OF MEDICINE VERSUS QUACKERY.

By this let no one understand me that there are two *sciences* of medicine. There is but *one*. But there are *two schools*, the orthodox and the heterodox—or, in common parlance, the school of physicians and the school of quacks. I know that more have been enumerated. I know the world has been as thoroughly scourged by the Protean forms of practice, as Egypt was with frogs. Still they are all resolvable to these two—there can be no medium; he who is not of one, is of the other. For whether practitioners follow one method or another, to the exclusion of all others; whether they style themselves botanists, hydropathists, homœopaths, allopathists, or any other exclusive opathists, they are all alike—*similia similibus*—they are not to be trusted; for selfishness or ignorance has blinded them.

By the agency of such men our science has been immolated for more than two thousand years; and not only the science, for with its smoke has mingled that of a more frightful and unholy holocaust, even the holocaust of a million murdered victims, slain by the very men who from their profession should have been their protectors. So great, in fact, have been the evils produced by untaught and unprincipled men (for they are equally dangerous) that *medical science in toto* has been decried as a useless thing—and we are pointed to the lower animals as furnishing proof that for their physician nature should only be trusted.

However, this doctrine is fallacious. The practice of medicine, in some form, must exist as long as disease exists. Man's life and health are worth preserving—for he, both as an animal and an intellectual creature, is intrinsically valuable. The lower animals are worthless except in their connection with man. Yet we find them strong and hardy, formed to resist both the extrinsic and intrinsic causes of decay—bearing, without inconvenience, the rigors of circumstance, and dying only because the machinery of life is worn out by its own operation. On the other hand, the human race, whose lives are alone worth preserving, suffer continually from the influences which surround them—at infancy totally incapable of self-protection, in maturer years scarcely less so. The nicely-poised machinery is continually deranged; some one of the thousand

strings of this wonderful harp are continually out of tune ; disease meets us at every turn, and we are constantly the prey of death. Men instinctively cling to life, and as disease is the cause of death, they seek its removal. This can only be procured by certain means ; and these means are found in the *materia medica*. The days of miracles are past : there can be no effect without a cause ; disease will not cure itself ; a morbid constitution can no more be healed by its own power, than can our common machinery, when out of gear, correct itself. This may sometimes happen, but such occurrences are exceptions to the general rule. I grant that men might, if they would, escape much of the disease which they now suffer—that they might even retain life for a much longer period than they do ; for the wheels of life seldom stand still because they are worn out ; very few, strictly speaking, die natural deaths ; nearly all fall victims to their own or to their ancestors' bad management. But so has it ever been, so will it ever be. Man is not only mortal, but frail ; and being aware of this, has in all ages turned to medicine and to medical men for aid.

The origin of our science, then, was philanthropy ; the exigencies of the race demanded it. There can be no more useful calling on earth, for by no other are the ills of humanity so signally removed. No wonder that the untutored heathen looked with superstitious awe upon the herb which removed his malady, and placed among the gods the mortal who prescribed it.

If, then, medical science is of such great importance, why has it been called a *fable* ? Simply because it has been, through all ages, most grossly debased. There have been a few men, in every period, who have done their duty, who have maintained the right, and who have counted no sacrifice too great for the advancement of a science whose whole aim is to do good. But others have appeared, and their name is legion, who under the semblance of friendship have treacherously trampled it in the dust and covered it with shame ! Love of gain, cupidity, selfishness, have been their ruling passions ; and for the gratification of these, they have turned the world into a lazaret-house, and covered the earth with corpses.

To acquire a knowledge of the coarser professions men will labor for years, and study with the greatest perseverance and scrutiny the secrets of the trade. Yet in this one great science, by far the most intricate of all, inasmuch as it involves the great secrets of life, they will leap at once from the most deplorable ignorance, affecting to repair what they know nothing of, and with disgusting effrontery building up a crazy superstructure, which they call a system—having for its foundation, nothing but singular and fortuitous coincidents, a foundation more feeble than the sand on which the foolish man built his house. The laws of cause and effect, without which science cannot exist, are entirely discarded by them ; and well they may be, for philosophy is their deadly foe. Such men must be dangerous. He who knows nothing of anatomy, either healthy or morbid—who knows nothing of physiology or pathology, or medicine or indications for its exhibition—he who enters into this profession by any other door than that of intelligent investigation and rational

philosophy, is unworthy the name of physician, and should by no means be entrusted with human life and health.

These are the men who have cast obloquy upon medical science, and who by fostering false views and enveloping vulgar minds with their own ignorance, have protracted the reign of superstition from the earliest ages until now.

If we compare the nostrums and nostrum venders of the present day with those of the ancients, we shall find that, ridiculous as the latter may appear, the former are still more so. We may have charity for those who lived in the midst of gross darkness—upon whom not even the morning of science had dawned, for many of them were philanthropists and were seeking diligently some elixir of health, not for their own emolument, but for the weal of the race; whereas those of our own time refuse to be enlightened, wilfully shutting their eyes, rushing madly on in the face of reason, in the face of virtue, in the face of humanity; looking only to their own pecuniary aggrandizement. In this they are not unfrequently successful—for many even in this generation offer themselves up at the shrine of quackery, with as much devotion as the Hindoo prostrates himself before Juggernaut; and those who behold the dreadful sacrifice, unable to discern between truth and falsehood, raise the cry—*cui bono?* and with indignation denounce the whole practice of medicine.

But it is not nostrums alone against which medical science has to combat. There is another absurdity, more refined and more dangerous. I refer to those new-fangled forms of practice, which are styled, falsely, *new systems*, and for which is claimed the insinuating title of *reform*. The leaders in these schools scorn the name of quackery as an unclean thing. Indeed many of them, the better to dupe the public, affect deep study and make a great show of scientific research, and assuming some high-sounding cognomen, go forth, brenting out threatenings and slaughter to all who oppose them. But unhappily the slaughtered ones are found among their devotees.

And here it may be said that I am opposed to reform; that I am blinded by this very selfishness of which I have spoken; that I am wedded to antiquity, and totally at variance with that spirit of advancement which characterizes the age. If *all* change is *reform*, then I am opposed to reform; if to distort science, if to violate every principle of philosophy, if to sacrifice human health and life to gratify the whims of fanatics, or to fill the coffers of presumptuous ignorance, is reform, then truly I am not a reformer. But, gentlemen, I have not so learned reform. That term, as applied to the irregular practice of medicine, is a falsehood. Reform does not exist in striving to uproot principles eternal as truth itself—nor in ridiculing a theory formed in such principles, and which has been wrought out and beautified by the accumulated wisdom of twenty centuries.

There has been, there can be, but *one true* science of medicine, and that is the system taught in the *eclectic* schools of the day. That system knows no bounds; it is universal, and swallows up every other. We are commanded by our fathers, the exponents of this system, to go out in the world, and to seize and apply, in the name of the universal

school of medicine, whatever is good. There is no remedy under the sun, neither will there be discovered any in all future time, but it is ours. Hence if the empiric treats disease successfully, it is not through any worth of the form which he adopts; the cure is effected by our medicine, and according to the principles which the eclectic teachers have discovered and promulgated. But the empiric is not governed by principles; his routine must be followed, and the medicine which by chance he prescribes correctly to-day, will kill to-morrow. His claim to originality is unfounded, he discovers nothing new, he confers no benefit: he merely isolates a few atoms from the great world of medicine, by which very isolation they are shorn of their virtue—the good which they produced when in their proper places being no longer discernible, for there is a symmetry in medical science, a mutual dependence between all its agencies, which cannot be broken with impunity.

There can no new thing be shown by them. Does a man call himself botanic? His lobelia is taken from our Herbarium. Is another hydropathic? He is drawing water from our cisterns. Has the disciple of Hahnemann a drug whose microscopical atoms make even death turn pale? He abstracted that drug from us, in larger doses it is true, and only has the credit of dividing it. They have nothing but what has been taken from the eclectic school, except their ignorance and presumption. Their system is fragmentary, and too narrow to meet the various forms of disease, and the victims of its powerlessness are no less victims than if destroyed by active means.

Perhaps I have dwelt too long on these irregular forms of medicine. But as henceforth they are to be your greatest annoyance—as they are the enemies of intelligence and of truth—I could not forego this only opportunity which will ever be allowed me in your presence, to raise my voice against their dangerous innovations, and to declare publicly what I conceive to be our mutual opinion of them. I now leave them, with the consoling consciousness that however they may prosper, it is only for a season. Their duration has ever been ephemeral, and must be so. Their existence is a forced one—they have no "*vis vite*." Once wounded, and there is no recuperative power—death follows as a certain result. Let us, then, "bide our time"—not forgetting, however, that we can do much to hasten the overthrow of empiricism, and that it is our sacred duty to use every effort for the promotion of that end.

Turn we now to our own beloved science—abused, but not crushed—trampled upon, but not destroyed; wounded and bleeding, it still survives, and conscious of its immortality, laughs at the puny efforts of its foes. It has been unfortunate, but so have been its sisters; for advancement in science is not by eagle flights, but by slow and painful gradations. Through all time there has existed a combat between truth and error; concerning all subjects involving intellectual research, the wildest and most contradictory have been advanced and defended. It has thus been with physics, metaphysics and morals; and the systems founded on these have reached their present state of perfection after much building and demolition. Medicine, then, though it has suffered, is not alone; nor is it beyond the truth to state, that from the days of

Hippocrates until now, no science has been more continually progressing. There have been many forms of practice founded on false hypothesis, and in due time both hypothesis and practice have been buried in one grave. Out of their ashes have arisen other forms—sons wiser than their fathers; but still unworthy of long life, they, too, have perished. The “cure-alls” of one generation have been discarded by succeeding ones, and the succeeding ones have in their turn discovered others which we now know are worthless. All this only proves that men in their forthreachings have gathered in gold and dross together; which the ordeal of time and philosophy has separated, the precious having been saved and the vile thrown away; for, as has been said, notwithstanding all the obstacles that medical science has been forced to encounter, it has been continually advancing. Slowly but surely the noble fabric has been lifting its head towards heaven. Clouds and darkness have settled round about it, but the rays of learning and wisdom have pierced the gloom, and in every age and generation new beauty and strength have been added to it. The energies of the noblest minds have been exhausted upon it. Men, of whom the age in which they lived was not worthy, have devoted their lives to its enhancement. The boon for which they sought, they were not permitted to enjoy, but it has fallen on succeeding generations; for though the seed sown by Hippocrates was but as a grain of mustard seed, though it fell upon an ungenerous soil, still it took root; since which, though choked with brambles, it has never ceased pointing upwards. Nurtured by Galen, and the thousands who succeeded him down to the time of Sydenham, and by the successors of that immortal man down to the present, it has become a mighty tree, whose healthful influence is felt throughout the world. And now, protected and pruned by an innumerable host in every land—guarded by such men as these who have been our instructors, and in succeeding years by those upon whom their mantles shall fall, it will not die nor wither. The lightnings may scathe it, and the wild boar may whet his tusk against it; but it will stand, co-existent with time, forever luxuriant, forever beautiful, and its fruit shall be for the healing of the nations! Its roots shall strike deeper, and its branches shall spread wider. Men may combine to destroy—even you, my classmates, who have sworn to defend it, may prove false to your vows and recreant to your first faith; but others will do their duty. The eyes of men are opening. The light of science can no more be darkened—or if so, only to shine with greater radiance. Opposition shall not overwhelm it—its course is onward! onward! its watchword *excelsior*, its final triumph written in the book of omnipotence.

“Truth, crushed to earth, will rise again;
The eternal years of God are hers;
But error, wounded, shrieks with pain,
And dies among her worshippers.”

Such, gentlemen, is the profession at whose portals you are now lingering. You have been admitted within the vestibule, and have already caught a glimpse of its prospective glories—and though your vision, through inexperience, is yet circumscribed, you are all con-

vinced of its beauty and of its utility, and you are also aware that none but the honest, earnest and persevering friends of truth and science are worthy to approach it. Wherefore, if you are not such—if you have been prompted only by a mercenary spirit to fathom its secrets—if you have measured its worth by the dollars and cents it will bring you, stop where you are : for the sake of honor, for the sake of justice, for the sake of humanity, enter not within its sacred precincts, nor suffer your unholy footsteps to pollute its sanctity.

But I know that such is not the spirit by which you have been governed. I bear witness to the integrity of your purpose, and to the devotion with which you have labored to prepare yourselves for the step which you are now taking. And I know that you will ever strive to honor a profession which in return cannot but honor you. Go forth, then, strong in the determination to act well your parts.

Let us remember that as we have received much from the wise and good who have preceded us, so we are not to live for ourselves alone, but for those who shall succeed us ; that we are to aid in fostering and disseminating the principles we have espoused, and thus assist in hastening the undisputed reign of truth.

But I will weary you no longer—the evening wanes, and we must part. We are now to go from these scenes of pleasure, and to begin a new life. Our hearts are beating high with bright anticipations ; and in our eagerness to advance, half the pain of separation is forgotten. Yet we cannot but deeply feel, notwithstanding our hopes for the future, that a serious loss is awaiting us ; not in our separation alone, but in taking leave of these honored men who have so long been our teachers. This, in all probability, is our last interview with some of them. We cannot meet them all again on earth ; for the evening shades are gathering around them—and the taper, though yet burning brightly, is near its socket and ere long will have gone out. But if, happily, this should not be so, henceforth the relation which has existed between us ceases. Their duty is performed ; we must bid them farewell, and go on our way alone. But we cannot forget them, nor their admonitions. As we are wandering up and down the world, though unseen, they will accompany us. Long after their tongues are mute in death, their influence will hover around us like ministering spirits, and their silent voices shall fall upon our ears like wandering strains from heaven. Though they may fall, they shall not die ; they will ever live in our hearts.

GENTLEMEN OF THE FACULTY, we can bring you no fitting tribute ; but we beg to acknowledge our heartfelt gratitude for your unremitting zeal in our behalf. And as you have honored us by an admission to your noble profession, we promise you that we will not disgrace it, but will strive so to regulate our future lives that you will never blush for the transactions of this day. And now, thanking you for your kindness, honoring you for your wisdom, loving you for your virtues, wishing you length of days and unbroken happiness, we bid you an affectionate
FAREWELL.

To you, *beloved classmates*, a multiplication of words at this time

would be mockery. There is feeling too deep for utterance, and silence is its natural language. We have met here as brothers ; let us part as such, let us live as such. Allow me to congratulate you on your past success, and to express the earnest wish that your brightest hopes may be realized. But if they should not, give no room to discouragement, remembering that there is a morning sun of joy to every night of sadness, and, more than all, that this fitful life if well spent will end in perpetual day.

And now, as we go hence, let us again mutually pledge to be true to our science, true to ourselves, true to our fellowmen, and true to Him who knoweth all things as they are. FAREWELL.

NEW THEORY OF THE MOTIVE POWER OF THE BLOOD

[Communicated for the Boston Medical and Surgical Journal.]

IN a late number of the Journal I find a communication from Dr. Chandler, of St. Albans, Vt., making inquiries respecting the signification of several *English* words contained in an article in a previous number from Dr. Cartwright, and intended, most distinctly, to be rendered in their simplest and most common sense.

Concerning the first interrogatory of Dr. Chandler, Mrs. Willard would say, by proxy (it being rather diminutive save for a deputed reply), that in the phrase "*chief motive power*," the word "*chief*" has a *comparative* or relative meaning. Thus, if I should say, such a man is tall, I should convey the idea that height was the particular quality to which I wished to call attention by the adjective. I should convey the idea that this word was *intimately connected* with the property in the man, and that he was evidently *longer* than some shorter men with which the word at once compares him. The word "*chief*," then, has a relative signification, and calorification is believed the "*chief motive power*," relatively considered with the contraction of the heart, arteries and muscles. As illustrating the allegation or premise that the chemical action effected by respiration is the "*chief*" source of the circulation, Mrs. W. instances the immutable law of expansion by heat, and, which is also true, says that if the blood expands it *must* move, and of two ways, *must* take that in which it *can* move, meaning the natural passages leading from the lungs to the right ventricle, aorta and smaller arteries.

Another corroboration of the "*chief power*" designated is the abundance of heated surface with which the blood comes in contact at the lungs, being equal to a circle whose area is 17 feet in diameter, and the effect, "*momentum*," or impulse (as Dr. Chandler will have the goodness to select), confined to the aorta, a tube of an inch in diameter. Mrs. W. thinks it not astonishing, also, that some force should attend the current of blood at this channel.

A little farther into this communication of Dr. Chandler, I find more curious interrogatories about the meaning of the words "*subordinate*," "*momentum*," and "*chief power*," as Dr. Cartwright speaks of the heart's

subordinate power in moving the blood., I cannot see the propriety of quizzing, and therefore must desist from further reference to these words, believing that the imperativeness with which the *aurora borealis* of science makes every object absorb its rays, will do its work of chivalry in every mind.

Mrs. Willard takes the ground only and emphatically that respiration indirectly is *literally* the *chief* motive power of the circulation relatively with all the collateral agencies. I believe she does not claim that "calorification is the efficient, prolonged force which impels the current through its entire circuit." She distinctly states that the power that *chiefly* moves the blood is antagonistic to gravitation, and acknowledges the fact that when particles of fluid become more heated than others with which they are connected, the heavier fall downwards and force up the lighter.

Says Dr. Chandler, "Does the *new theory* repudiate the fact that the expanded ventricle contracts on its contents, and thus impels them onwards?" I would say, that holding upon this point, Mrs. W., in her work on the circulation of the blood, has some important and appropriate remarks. "But it may be argued," says this lady, "that the blood flows in pulses, and these we know are originated by the beat of the heart, and therefore the motive power must reside in the heart. To show the futility of such an argument, suppose an India-rubber tube of any length, not very great, as six feet, be filled with water and placed in a coil upon a table; there would be in this case no current; but strike successively upon one end of the tube, while you place your finger upon the other, and you will feel a pulsation, seemingly simultaneous with the stroke. Again, take the same tube and attach it to the orifice of a vessel filled with water which you wish to empty. Lay it along an inclined plane, and the water will flow through it in an equable current, more or less rapid, as the plane upon which it lies is more or less inclined, the force by which the fluid moves being that of gravitation. We see here that *pulsation*, and that *motive power* which produces a current, are entirely different, and exist separately. They may also exist in combination. For let the India rubber tube, which is carrying the current of fluid, be grasped by the hand near the orifice of the vessel, in successive contractions of the fingers, a corresponding pulsation will be felt all along its course, and the water will pass on through it '*per saltum*,' like the blood in the aorta; and will issue from it in leaps. Yet in this case, if no valves are in the tubes, the successive contractions of the hand driving just as much of the fluid back as forward, will add nothing to the motive power, which produces and keeps up the current. But suppose there had been valves placed along the tubes, closing towards the orifice, then a contraction of the fingers upon the tube would have aided the motive power by adding, in a degree more or less slight, the force of impulse to that of gravitation. We conceive it to be a fact concerning the human system, that the contractions of the heart *aid* in a similar manner the motive power, which, after respiration begins, gives the first movement to the current of animal life, and without which it must cease."

I believe Mrs. Willard's book contains much truth that seemingly and successfully conflicts with many portions of every other theory of the circulation. I should admire to find it generally perused by the profession, even by those, if there be any, who believe that treatises upon such subjects by a lady are anonymous in point of character, and a narrative in point of science.

CHARLES BELL.

Medford, Mass., January 31st, 1852.

CHLORIC ETHER AS A DISINFECTING AGENT.

BY C. H. HILDRETH, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE following account of the "chloric ether lamp," noticed in a recent number of the Journal, is extracted from the American Journal of the Medical Sciences, No. XLIII. Since the time of its first application, I have had numerous opportunities of testing its efficiency, and am of the opinion that it will be found exceedingly well adapted for the purpose proposed.

"Having recently had occasion for the use of chlorine as a disinfecting agent, I was led to consider whether there might not be some method more convenient and efficacious than that usually adopted for its evolution. Though the gas extricated by the new method is not chlorine, but chiefly hydrochloric acid, yet it seems practically of at least equal efficiency for deodorizing purposes.

"Chlorine is usually generated by the action of sulphuric acid upon a mixture of binoxide of manganese and chloride of sodium; by the action of the same agent upon the chlorides of lime or soda; or by the simple exposure of the latter in open vessels. If, in the first process, the binoxide of manganese be omitted, hydrochloric acid is evolved; this latter method is in popular use. Even where the manganese is present, much hydrochloric acid is given off, and if pure chlorine be desired, manganese and sulphuric acid only should be used. In either process the application of heat is necessary.

"The first of these methods is inconvenient, and requires considerable attention. By the second, the gas is rapidly liberated, but the supply is soon exhausted, and the materials must soon be replenished. The third is simple and convenient, but not sufficiently efficacious.

"The plan which I propose is both simple and efficient. It consists in the combustion of chloric ether in a common lamp.

"The gas arising from the decomposition of the ether has been analyzed by Dr. Bacon, and found to be hydrochloric acid, with a trace of chlorine. Practically, I have not found it less efficacious than pure chlorine for disinfecting purposes. It has been used to a considerable extent in the Massachusetts General Hospital, and gives no inconvenience to the patients. Its odor may be plainly perceived upon entering a ward where the lamp is burning, and in proper quantity it is far from disagreeable. So far as has been observed, it exerts no injurious influence upon the furniture or metallic utensils in the wards. Its deodorizing powers are fully equal to those of chlorine.

"For purifying the wards of hospitals, or the private apartments of the sick; for deodorization during an autopsy in a private house; for use in dissecting rooms, and for numerous similar purposes, I apprehend the chloric ether lamp will be found convenient, inexpensive and efficacious."

I would remark that the proper material for combustion in the lamp, is the "strong chloric ether" used for inhalation, and not the chloric ether of the pharmacopœia. The latter does not furnish a sufficient quantity of the gas to be efficacious. If the former is not easily attainable, a tincture of chloroform, of the strength of one part of chloroform to six or eight of alcohol, will answer quite as well; in fact, the "strong chloric ether" is nothing more than a tincture of chloroform.

The lamps used for burning camphene are well adapted for this purpose, being provided with a small cap or extinguisher, which covers the wick and prevents evaporation of the ether when not in use. I have made, extemporaneously, a very excellent lamp by inserting two or three inches of glass tubing, of the diameter of a No. 16 bougie, through the cork of a wide-mouthed phial.

Boston, Feb. 5th, 1852.

THE SUFFOLK DISTRICT MEDICAL SOCIETY.

Meeting for Medical Improvement, Jan. 31, 1852.

REPORTED FOR THE JOURNAL BY GEO. STEVENS JONES, M.D.

THIS society, a branch of the Massachusetts Medical Society, holds monthly meetings, having for their object the improvement of its members. At these meetings pathological specimens are exhibited, and the history of the case, together with any peculiarity attending it, is given, and commented upon. Papers relating to some new theory or practice in medicine or surgery, are also read, and the subjects discussed. The members are then individually called upon to make communications relative to anything interesting or novel that has transpired in their practice, or come under their observation, since the last meeting. In this way, much information, which is really practical and useful, *can be drawn out* from the members. Besides, there is a sociability attending these meetings; they bring together a large body of the intelligent and respectable of the profession, and the interchange of sentiment and opinions on various subjects can be, and is, freely made. They are, too, important as the medium of a better acquaintance with each other, thereby removing in a great degree the causes of those petit jealousies which sometimes occur, by estrangement, even in a profession which has ever been regarded as "noble and honorable." These meetings are generally well attended, and a proper spirit is manifested by the members. There would be a more full attendance were the members notified of the day of meeting by a circular sent them. Occurring on the last day of the week and month, as it were the tail end of every thing, it is quite apt to be forgotten. It is a common saying among absent members, "I really forgot all about the Saturday evening meeting; I regret I could not have been there." The only notice which has been given of them, is a gratuitous one in the Journal, which all the members do not see. The expense of notifying them by a printed circular, monthly, would be trifling, and it is presumed that none would object to its being incurred, in view of the benefit which would result from it. It is hoped that some action may be taken in regard to removing this obstacle to a full attendance at these monthly meetings for improvement.

The last meeting was held on Saturday evening, January 31st. There being no communications to be read, or pathological specimens to exhibit, the nature and treatment of erysipelas, one of the subjects of the last meeting, was again

brought up. Dr. EPHRAIM BUCK mentioned two cases of erysipelas of the face. The course which he pursued in the treatment, was opening the bowels with comp. infusion of senna, after which he gave from 20 to 30 drops, in cold water, of the tr. muriate of iron every few hours. In one of the cases he made use of dry wheat flour, dusted over the inflamed surface with a common powder puff; and in the other a saturated tr. of iodine was applied with a camel's-hair brush. He could not say which was the best treatment, nor was he prepared to say that either was decidedly beneficial; but as both did well, they were mentioned to show that light cases did as well under one kind of proper treatment as another. Dr. GEO. STEVENS JONES also mentioned two cases of erysipelas of the face, which were treated by the external application of sulphate of iron, as recommended by M. Velpeau. In one of them he used a solution made by dissolving one ounce of the iron in a pint of soft water. With this solution he kept the parts constantly wet, using linen cloths to retain the moisture. In the other case, he rubbed up two drachms of the iron with an ounce of cerate, with which the parts were kept anointed. He much preferred the latter preparation, as it was more cleanly, could be more readily applied, and, further, he believed that unctuous matter was of itself useful in treating that class of skin disease. His cases did well, and no vesicles formed. Dr. SILAS DURKEE inquired if Dr. Jones thought that the sulphate of iron treatment would prevent vesicles from forming. Dr. J. stated that in his cases there were no vesicles formed; but as he had made use of the application only in the two cases mentioned, he could not tell whether it would generally be successful. Dr. Durkee had used the comp. tr. of iodine in erysipelas, and he thought that it prevented the formation of vesicles. The tincture he used was made by saturating iodine and hydriodate of potassa in alcohol. Dr. E. B. MOORE had used sulphate of iron in the manner spoken of by Dr. Jones, but never with any good result; he much preferred theunction of the ungt. hydrarg. fort. Dr. H. W. WILLIAMS said he was in Paris when M. Velpeau commenced his series of observations on the effects of remedies for erysipelatous inflammations, and those cases which he saw treated at the hospital, by Velpeau, he considered as mere experiments, and not attended with much success. M. Velpeau's method was to anoint half of the face with the iron cerate, while the other half was treated in some other way; as, for instance, tr. of iodine, or sol. nitrate of silver, pencilled over and around the inflamed part. Dr. E. W. BLAKE mentioned the case of a painter who was said to have had an erysipelatous leg, and cured himself in a very short time by *painting it over with white paint*. Dr. JACOB BIGELOW considered erysipelas to differ materially from all other inflammations; that when it was mild and the skin only invaded, it would terminate in resolution without the interference of remedies. External applications might, in most cases, make the patient *feel* more comfortable, but art could not abridge the disease. When the cellular tissue was invaded by this inflammation, destruction of the parts often followed its track. It would burrow among the muscles, and no tissue seemed to be exempt from its ravages. He had known cases which, in 24 hours from their commencement, became gangrenous and sloughy. He had used nitrate of silver, iodine, flour, the preparations of lead, leeching, and in fact all the proposed remedies in such cases, and never was satisfied that they were of any great avail in preventing the invasion of the disease, or did much towards mitigating its virulence. He did not believe the physician could prognosticate, with any degree of certainty, what would be the result of a case of erysipelatous inflammation. He should be pleased to be informed of any means that would control it; but was satisfied, from his own experience, that a specific had not yet been discovered.

Dr. WALTER CHANNING mentioned the case of a lady whom he saw in the eighth month of pregnancy, and who had for the last six months been daily attacked with vomiting soon after taking food. At the time of his visit her pulse was 140, the skin sallow, and she was much emaciated. It was proposed to rupture the membranes and induce premature labor; but she would not give her assent. Nutritive enemata were ordered her, but with little or no hopes that she could live through the full period of gestation. In a few days from his first visit, he saw her again; she then had a blush on her cheeks and nose, resembling in appearance erysipelas. She also had pains simulating labor. A vaginal examination showed

the mouth of the womb to be open, and a bag of waters presenting before the head of the child. Delivery was soon accomplished, but the patient gradually sank, and died. He never knew a patient who had survived, when the vomiting was so severe and protracted as in this case. Medication is of little value, so long as such sympathy exists between the womb, stomach, &c. Inducing premature labor was the only means which would save the patient, and should be resorted to at an early period. Dr. Channing also mentioned a case of convulsions preceding labor, which he saw in consultation with Dr. Homans, the precursory symptoms of which were rather unusual. The lady had a violent headache, and vomited; and heavy and laborious breathing followed. Soon after there seemed to be an *entire suspension of respiration*. "She was still as death itself." The face was not livid, as usual in such cases, but of a sallow white. A physical examination did not reveal any action of the lungs or heart. The muscles of the face would occasionally twitch, being the only symptom of life, and indicating the recurrence of the paroxysmal convulsion. At these times ether and chloroform were applied to the nostrils, which had the effect of suppressing the twitchings, and preventing their frequency. The patient was seen on Saturday morning at 10, and on Sunday evening it was decided to deliver her. Upon examination per vaginam, the os uteri was found to be dilated; there was an effort of the womb to expel its contents, but when this action came on, the convulsive movements also took place. This state of things continued until an opportunity presented to rupture the membranes, which having been done, an immense discharge of waters followed. A dead child was soon expelled, and the patient immediately rallied and did well. Dr. BIGELOW thought the case of much interest, but he very much doubted whether a person could live many minutes without the action of the heart and lungs. It was probable that cases of *apparent* absence of respiration could occur, but in such cases the venous blood is necessarily arterialized, though by what method appears inexplicable.

Dr. SAMUEL PARKMAN exhibited a patient whose foot he had some time previously amputated by "Chopart's process." In this case the tendo-Achillis was divided, which prevented the os calcis from being drawn backwards. The wound, after the operation, became gangrenous, and was treated with burnt wheat flour, which answered a good purpose. This operation was very successful; the patient walked around the room on his *stump*, quite well.

Dr. JOHN WARE, having come in after the call by the president for pathological specimens, now exhibited a false membrane which was coughed up by a little patient six and a half years of age, who had an attack of true membranous croup, and recovered. The treatment pursued in this case, was principally the introduction of a solution of nitrate of silver (40 grains to the ounce) into the laryngeal chamber. The temperature of the room was kept at 70, and the atmosphere moistened by wet cloths hanging around the room. It is now a fortnight since the attack, and the little patient is doing well, and his voice is returning to him. A discussion took place among the members, as to the relative value of the sponge probang, or bulb syringe, in medicating the air passages with solutions; also as to the advantages of the inhalation of powders saturated with the nitrate of silver, or medicated vapors. Dr. BIGELOW had seen much benefit follow the inhalation of the fumes of strong nitric acid in bronchial affections. He was in the habit of letting his phthisical patients use it; and in one or two cases, where there was abundant evidence of tubercles manifested in the lungs, his patients got well. Dr. CHANNING had known the chlorohydric acid to produce the same good effect.

Dr. WARE exhibited a calculus, of the mulberry kind, which was taken from the urethra of a man. This patient had previously suffered with a violent attack, very much resembling colic, and was treated with large doses of opium, by which he was relieved. Soon after, this calculus made its appearance in the urethra, and is supposed to have caused the man's sufferings while in its transit through the ureter. He would inquire if such occurrences were common in the practice of the members. Dr. Z. B. ADAMS had a patient who had three similar attacks of passing stones through the ureters and urethra, occurring within the last 33 years, just eleven years apart. The precursory symptoms were nearly the same as in Dr. Ware's patient. The latter had rheumatism, and he wished to know if any of the gentlemen had ever observed a connection between the

rheumatic and lithic diatheses. Dr. M. S. PERRY had several patients with calculus—some children—yet they were never attacked with rheumatism. Dr. S. BALL mentioned a case of an elderly gentleman, in whose bladder were found, after death, 316 calculi, varying in size from a shot upwards, yet he was ever free from rheumatism. Drs. J. W. STONE and BUCK made mention of cases where patients had calculi come from the bladder, yet were never troubled with rheumatism.

At half past 9 the meeting adjourned.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 11, 1852.

American Medical Society in Paris.—Mention was made in the Journal, some time since, of the formation of an association of American physicians in Paris. The following circular, dated Paris, January 10, 1852, explains one of the objects of the association. We gladly give it insertion, and shall be happy to aid the members in the manner alluded to. We learn that Dr. R. M. Jones, of Lexington, Ky., and Dr. A. J. Semmes, of Georgetown, D. C., are appointed delegates from this society to the American Medical Association, at its ensuing meeting in Richmond.

"At a recent meeting of the American physicians in Paris, an association was established, whose object is the promotion of medical science. This association, essentially national in its character, is now progressing under the most favorable auspices. It is intended to be permanent in its nature, and is designated, "The American Medical Society in Paris." Notwithstanding the vast advantages afforded by the French metropolis for the study of medical and surgical science, we feel ourselves isolated from our national medical literature, and therefore confidently appeal to the conductors of American journals and periodicals. We do this with the less hesitation, feeling assured that it will be not only a medium of improvement to ourselves, but a means of a most general diffusion and just appreciation of American literature.

By order of the Society, A. J. SEMMES, M.D.
Cor. Sec. A. M. S. in Paris."

Dr. Parsons's Case of Amputation of the Uterus.—As stated last week, the remarks of Dr. Collins were allowed insertion in the Journal with the most friendly feelings towards Dr. Parsons. Dr. C. claimed a hearing from the profession to state his views concerning the manner in which so important a case had been reported; and in granting what we still think a reasonable request, we did not believe that we should be instrumental in injuring in the least a reputation so well established as that of Dr. Parsons. Our only object now in referring to the matter, is to say, that on reading both communications, there appear many reasons for thinking that Dr. Collins's excellent general remarks are not strictly applicable to the case in question. Probably nine-tenths of the readers of the Journal would have felt no interest in the facts which were withheld by Dr. P.; and whether, therefore, he was morally bound to state them, is a question about which men may well differ without calling in question the candor of the reporter. We have no doubt Dr. P. stated all he considered necessary to a full understanding of the case.

Dr. Curry's Valedictory Address.—Much good advice and friendly warning will be found in the Address published in to-day's Journal. Those of our readers in other parts of the country who have been familiar with the word "Eclectic" only as designating a particular school of irregular practitioners, must not confound the term, as used by Dr. Curry, with the signification which they have been in the habit of giving to it.

Adulteration of Wines and Liquors.—Having read Adolphe Wolfe's frightful account of the vile mixtures that are sold under the names of gin, port wine, brandy, &c., favorite articles with a large body of men throughout the United States, we are constrained to confess, if his statements are true, that the legislature could not do a more humane act than to interdict the sale of the whole of them.

Medical Miscellany.—The idea that it is very improper for females to employ male dentists, is beginning, so it is said, to have advocates. Where is the refinement of civilization to end?—Scarlet fever is becoming more prevalent at the North within the last few weeks. The cases, however, have generally proved quite manageable, when seasonably treated.—The Shaker extract of dandelion, manufactured at Enfield, N. H., is now considered the very best in the drug market.—The Commonwealth of Massachusetts supported 2634 children, last year, in poor houses, who were under 14 years of age.—Appleton & Co. of New York, will soon publish a course of lectures on diseases of the chest, by Dr. John A. Sweet.—In the Yale College catalogue, there are only 37 medical students. This is a good omen; if all the colleges had a reduced number, it would be better for the profession, if not for the country.—The state of public health is remarkably good throughout the United States.—Dr. Ira Allen, the City Marshal of Roxbury, who is also captain of the night watch, a member of the school committee, and one of the overseers of the poor, has been appointed the City Physician, and the salary of the office increased from \$200 to \$300.—A second edition of Dr. Ramsay's contribution to obstetrics has been published—out of which grew the dispute between Dr. Robinson and the author. A new card from Dr. Ramsay, dated January 15, declares certain cards, bearing his name, to be without his authority.—The oldest man in the city of New York, is a Mr. Buttin, who has reached 101 years.—Dr. John Ford, of Texas, has been elected a senator.—The College of Pharmacy, of New York, have asked the legislature of the State to give \$10,000 to the institution. A similar request should be made by the College of Pharmacy in Boston—and this is the time to do it.—An application for a charter of a new medical college is to be made from New York.—Mr. Allen, of Northampton, Ms. has completed a microscope of great power and of beautiful workmanship. To send money abroad for instruments that can be had at home, of equal value in all respects, is absurd. Medical gentlemen, and especially the Microscopic Club of New York, would find it for their advantage to write to that extraordinary optical genius.—Bronchial affections are exceedingly common here at the North.—Some severe and even fatal cases of typhus have recently occurred.—Hooping cough is rarely known among us the present season.

To CORRESPONDENTS.—In addition to papers on file, already acknowledged, there have been received—a communication, containing documents from New Orleans respecting the recent interesting experiments in that city on an alligator; a case of Poisoning by Sugar of Lead; remarks on Amputation of the Lower Jaw; and the papers from Damascus, in Syria, alluded to last week.

Deaths in Boston—for the week ending Saturday noon, Feb. 7th, 59.—Males, 23—females, 36. Disease of the bowels, 1—inflammation of the bowels, 1—disease of brain, 1—calculus, 1—consumption, 16—convulsions, 4—croup, 1—diarrhœa, 2—dropsy, 2—dropsy of the brain, 4—drowned, 1—typhus fever, 1—typhoid fever, 2—scarlet fever, 2—hooping cough, 1—disease of heart, 1—infantile, 2—inflammation of the lungs, 7—disease of liver, 1—marasmus, 2—palsy, 2—puerperal, 1—rheumatism, 1—teething, 1—tumor, 1.

Under 5 years, 26—between 5 and 20 years, 1—between 20 and 40 years, 13—between 40 and 60 years, 11—over 60 years, 3. Americans, 30; foreigners and children of foreigners, 29. The above includes 6 deaths at the City Institutions.

Meeting of the Massachusetts Medical Society.—An adjourned meeting of the Massachusetts Medical Society was held at their rooms, Masonic Temple, on Thursday last. At 10 o'clock, the hour appointed for the meeting, in consequence of the small number present, the meeting adjourned to meet at 11, when the President again called the Society to order, and the records of the last meeting were read, as also those of a meeting of the counsellors the day previous. It was then voted, that the counsellors have full power to change the time, as they may think proper, for holding the annual meeting of the Society. Dr. A. MACKIE, of New Bedford, proposed an amendment to the 15th by-law, which was carried. Dr. J. BIGELOW, of Boston, also proposed an alteration in the 40th by-law; but Dr. H. I. BOWDITCH considered it of so much importance, that he moved to have it go before the Society at their next annual meeting, which was carried. Dr. L. V. BELL, of Somerville, offered a resolution, that the expenses of defending suits brought against certain members of this Society, by an expelled member, be paid by the Society, and that the treasurer may be drawn upon to any amount, in order to meet them. This resolution was *unanimously* adopted. Dr. HEYWOOD, of Worcester, in behalf of the Worcester District Medical Society, reported the action of that society, in the case of Dr. Calvin Newton. The committee of that society, before whom were laid certain charges against Dr. Newton for violating the by-laws of the Massachusetts Medical Society, had given him a full opportunity to be heard in his defence, but he had not appeared before them, and the matter was brought before the counsellors of the State Society at their meeting. At this meeting, the evidence offered induced them to recommend to the Society his expulsion. Notwithstanding this recommendation of the counsellors, it was voted to recommit the whole matter to the committee of the Worcester Society, that they may bring it up, *de novo*, at an adjourned meeting, and also to afford Dr. Newton another opportunity of defending himself against the charges. It was then voted that when the Society adjourn, it be to the third Wednesday in April next, at 11 o'clock.

There was quite a large number of members present, and the best of feeling seemed to prevail among them. A correspondent adds the following:

It is to be regretted, that the Society should be compelled to enforce its restrictive laws upon any of its members; but in order to carry out the principles for which it was established, there can be no other way than that which has been adopted. When a gentleman becomes a member, he obligates himself to be governed by its laws and rules, and he is made fully aware, beforehand, what these laws and rules are, and what must follow if they are violated. It would seem to be the better part of wisdom, or at least would appear more honorable, if a member wished to obtain practice or introduce his remedies in any other way than is allowed by the Society, that he at once ask his dismissal. There can be no reason why a member should wish to remain in a society, when his sentiments and practices are at entire variance with those of the other members, or with the code which governs them, except the desire of having his name coupled with it for his own aggrandizement. It certainly is not honorable, and it should not be so considered, for members of the Society to conduct themselves as two or three have done within a few years past. The Massachusetts Medical Society was instituted for a more noble and honest purpose, and it is sincerely hoped that all its members will appreciate this purpose, and that there be no more violations of its wholesome laws.

Curvature Apparatus.—Henry G. Davis, M.D., of Millbury, Ms., has had in successful operation, for some time, a peculiar mechanical contrivance that embraces a new principle. The value of the instrument is shown by its action, which in a variety of cases has been most gratifying. We have examined a patient now under treatment, and if Dr. Davis succeeds in restoring the spine in this case to its normal condition, it will certainly redound to his reputation as a skilful surgeon. The profession would form a proper estimate of Dr. Davis's new method of contending with a formidable difficulty, should he submit a detailed account of cases in his practice since the apparatus has become satisfactory in his hands.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 3.

REPORT OF A CASE OF INCISED WOUND OF THE THROAT, RESULTING IN CLOSURE OF THE LARYNX BY THE CICATRIX.

BY J. B. UPHAM, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE following instance came under the notice of the writer while a resident physician at the House of Industry in 1847. It is deemed important as showing, in a marked degree, the serious results that may follow a wound of the larynx and its vicinity, dependent on the natural process of reparation, and as directing surgical attention more particularly to this point. The description, as given below, is obtained from notes of the case written down at the time, embracing a period of about four months from its commencement, after which the writer's connection with the Hospital ceased. Being never intended for publication, the details of treatment were not recorded. The subsequent history is gleaned from the verbal reports of those under whose charge the patient came. Tracheotomy was successfully performed by Dr. Charles H. Stedman, the Superintending Physician of the Hospital. Dr. E. K. Sanborn, the resident physician at the time of the patient's death, in 1848, conducted the autopsy, and obtained the beautiful morbid specimen from which the annexed cut was taken. The care and supervision of the patient, from the date of her first admission to the Hospital till July following, fell to the lot of the writer, who is answerable for the treatment of her case during this period, and holds himself responsible in great measure for its unhappy result. For the reasons mentioned, the subjoined report, as such, is meagre, and more general in its nature than could be wished.

F. G., the subject of this case, was a female, 25 years of age, in robust health, of sanguine and peculiarly nervous temperament, intelligent and vivacious, but whose habits of life, for a few years previous, had not been wholly unexceptionable. On the morning of the 18th of March, 1847, in a fit of mental depression, she attempted suicide, by cutting her throat with a common carving knife having a double edge at its point. The instrument being dull and the nerves of the operator unsteady, she achieved but partial success.

About 10 o'clock, of the same day, the patient was brought into the Hospital and came under our notice. She at this time exhibited great prostration and extreme nervous agitation. From the appearance of the

wound, the head must have been thrown back when the incision was made, and the knife directed upwards. It consisted of a transverse cut between the cricoid and thyroid cartilages, severing the crico-thyroid membrane and the alæ of the cartilage, nearly in the course of the oblique line which gives origin to the thyro-hyoidean muscle. About three fourths of the diameter of the larynx was divided, without injury to the œsophagus or any of the larger bloodvessels of the part. Two or three unimportant branches of the superior thyroid artery were divided, producing but little hemorrhage. The wound was jagged and uneven, and exceedingly difficult of coaptation. The patient was now placed in a partial sitting posture, the head and shoulders being raised and supported by pillows. The bleeding was easily arrested by the application of cold water. A couple of sutures were taken through the integuments at the extremities of the incision—the edges of the cartilage adjusted as accurately as the nature of the case would permit—a light cloth thrown over the neck, and the head brought towards the chest till the wound was nearly closed, and in that position confined by a bandage so as to allow as little motion as possible. A sedative draught was now prescribed, and attendants employed to watch the patient constantly. Ordered—demulcent drinks, only, by way of diet; the bowels to be kept open by mild cathartics, and absolute quiet preserved.

The inflammatory stage, though violent, passed off without any ill effect. A few nights afterwards, from inattention of the watcher, and while the uniting process was progressing favorably, the wound was torn open, but whether by design or accident, on the part of the patient, we could not learn. Much the same train of consequences followed as at first, though severer, and accompanied by an abundant secretion of ill-conditioned pus and mucus. The frequent and violent spasmodic efforts at coughing that resulted, produced much disturbance and retarded recovery. On healing, a marked cicatrix was left.

It was about five weeks from the time of admission, when the patient was discharged from the Hospital, and removed from the convalescent rooms of the House of Industry. Her health now being apparently good, and the weather mild, she was allowed to go about the grounds at pleasure. Nothing untoward was noticeable, except, at times, a rather difficult and stridulous respiration, which, it was *conjectured*, might be the result of constriction of the canal by the irregular cicatrix; but the peculiar hysterical habit of the patient offered also a sufficient explanation and left us in doubt. It produced but little uneasiness, and that only occasionally.

Shortly after, the patient was the subject of a violent cold, and this, being determined to the air-passagess, revealed clearly what had before been only a matter of supposition, viz., the existence of a stricture in the larynx, at the point of the cicatrix of the wound. When medical aid was summoned, suffocation was imminent, in the violent effort made to throw off the abundant mucus. Tracheotomy offered the only mode of relief. This was performed by Dr. Stedman, in the following manner. The patient was placed on a low bed, with the shoulders slightly elevated, and the neck thrown back so as to make the parts tense. The

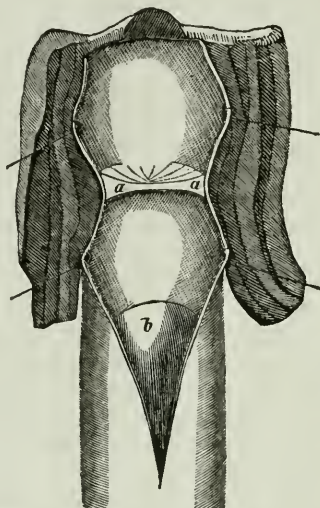
operator, seated at her head, began by making an incision, with a double-edged bistoury, from a point just above the sternum to within half an inch of the cricoid cartilage, directly on the median line. The skin and cellular substance being now drawn aside by the hands of an assistant, another incision was carried deep between the sterno-hyoid muscles, as far down as the fascia which overlies the trachea. Considerable hemorrhage followed; but the nature of the case admitting of no delay, the fascia was removed, and an opening, three fourths of an inch in length, made at once into the trachea. The face of the patient now assumed, for an instant, a peculiar expression of anxiety and distress. Violent spasmodic cough ensued, forcing through the wound a large quantity of frothy mucus, which, for a time, baffled all further efforts. When the severity of this action subsided, a canula, of large size, was introduced, and properly secured in its place. Attendants were then directed to watch the patient during the night, and remove, by the aid of a sponge and probe, the thick tenacious mucus that was constantly being expelled from the tube.

The following day inflammatory action set in; the lips of the wound were tumid and dry; all secretion was suppressed, and the presence of the canula became troublesome and painful. These symptoms passed off without any very considerable general disturbance, and the ordinary healthy secretion soon followed, though still increased in quantity and attended by an uncomfortable cough. Once or twice a-day the instrument was withdrawn and cleansed. By placing the finger on the aperture of the tube, the patient could articulate faintly; but, on withdrawing the instrument, and attempting to breathe after closing the opening in the trachea by the finger in like manner, it was found almost impossible. By degrees, a tolerance of the presence of the canula seemed to be acquired; the patient learned to remove and replace it without assistance, and her usual vivacity and apparent health returned. She, however, remained about the House of Industry, engaged in various occupations, till December following, when she returned to her friends in the city.

On the 25th of April, 1848, the patient was again brought to the Hospital, apparently in a confirmed phthisis, accompanied with a distressing bronchial irritation. The case terminated fatally on the 8th of May ensuing. Post-mortem investigation revealed a thickened condition of the mucous membrane of the trachea and bronchial tubes, as also extensive disease of both lungs, they being in a state of partial hepatization, and showing abundantly the presence of tubercle. A little ulcer was noticed, where the lower extremity of the canula had rested against the side of the trachea. The constriction in the larynx was remarkable, producing almost complete closure of the tube.

Commentary.—The preceding case seems to show, as clearly as a single instance can do, the sources of danger in casualties of this kind, though the wound in itself be comparatively insignificant. The septum (shown distinctly in the adjoining cut) at the point of the original wound, is evidently the result of cicatrization. This, in itself a recuperative effort of nature, here becomes, from its position, productive of immi-

ment hazard. In the present case, as may be seen, it appears in the form of a well-defined lamella-like transverse partition, projecting into the cavity of the larynx so as nearly to effect a closure of the respiratory tube. It is an imperfectly-organized growth, slightly corrugated along its line of attachment to the walls of the larynx.



View of the larynx and upper part of trachea from behind. The posterior walls have been divided by a vertical section and drawn to each side. *a, a.* Septum formed by the cicatrix or new growth. *b.* Canula in situ.

In all instances of stridulous breathing and impending suffocation, following recovery from similar occurrences, this condition, to a greater or less extent, may be supposed to exist. The difficulty of reaching the point of obstruction from above being apparent, tracheotomy becomes necessary to save the life of the patient. Serious consequences, however, will inevitably follow, if the aperture thus made be allowed to remain for any considerable length of time. The presence of the canula acting as a foreign body in the trachea—the inhalation of minute particles of dust, and the direct admission of cold air, all tend, directly and indirectly, to irritate the lungs and the sensitive tissues in connection. Moreover, the action of these organs is disturbed under this artificial provision made for their wants, and, feeling the need of their accustomed *regulator* (that delicate muscular apparatus of the glottis, which guards so faithfully the portals of the larynx), their movements become uncertain and unequal. Under these conditions, inflammation, either bronchial or pulmonary, is constantly impending, as, also, the rapid access of phthisis when the tubercular disposition exists.

In the treatment of analogous cases, the following hints and precautions seem naturally suggested :—

1st. The exercise of great care and patience, on the part of the surgeon, in adjusting, as nicely as possible, the edges of the mucous membrane and cartilage in the original wound ; and, on the part of the patient, absolute rest.

2d. If on recovery the impediments to breathing occur, and tracheotomy becomes necessary, the propriety of attempting to remove the obstacle at once, so as to allow the speedy closure of the tracheal wound. *Query*—Would the direct application to the part, of some caustic or escharotic substance, aided by mechanical distension, effect this?

3d. To contrive some means, while the trachea necessarily remains open, to prevent the ingress of dust and other irritating matters, and furnish an atmosphere to the lungs, approximating, in warmth and moisture, to that they receive through the natural passages. This last might be effected, in great measure, by regulating the air of the patient's room.

It was early proposed, in the case under consideration, to attempt the removal of the supposed new growth in the larynx, in the manner above suggested. What dissuaded us from carrying out the plan, was our inability to find a precedent for the undertaking, added to the extreme reluctance, on the part of the patient, to submit to the necessary manipulation, and the uncertainty of success in a subject so sensitively nervous. With the pathological revelations before us, we do not hesitate to say, that, had the attempt been boldly made, the result of the patient's case might have been different.

Boston, February 10, 1852.

MOTIVE POWER OF THE BLOOD—THE EXPERIMENTS ON AN ALLIGATOR AT NEW ORLEANS.

[IN consequence of the suggestion contained in Mrs. Willard's letter to Dr. Cartwright (published in this Journal of January 7th), that as some persons regarded the great alligator experiment as a hoax, it might be well for him to fortify his own testimony by that of other persons present, especially those mentioned in his letter as aiding in its performance, that eminent gentleman wrote to Drs. Dowler and Nutt, and Prof. Forshey; and having received their replies, he forwarded them to Mrs. Willard, requesting her to send them to the office of the Journal. Some necessary delay has occurred; but they arrive opportunely to satisfy Dr. Chandler and others that however the rationale is explained, the remarkable experiment related in this Journal as truth, is so in reality.—ED.]

To Bennet Dowler, M.D.

New Orleans, Dec. 29, 1851.

DEAR SIR,—1. Did or did you not perform an experiment upon an alligator, in presence of Prof. Forshey, myself and others, by tying the trachea, and returning it to its den?

2. If so, was or was it not found, some half hour afterwards, apparently dead; and did or did you not have it brought from its den, into an upper story of a house on Tchoupitoulas st., laid on a table, and its viscera exposed to view by a dissection?

3. If so, did or did not the animal move or show any signs of pain during the dissection?

4. Were or were not the lungs, after this dissection, inflated by Prof. Forshey; and if so, did or did not the animal come to life?

5. If it came to life, did or did it not become so vigorous in its movements as to make it necessary to hold it or to tie it; and if so, did or did you not afterwards adopt the expedient of binding it with cords to a plank to enable you to prosecute the subsequent vivisection without interruption from its movements?

By answering the above inquiries, you will oblige

Your ob't serv't, SAMUEL A. CARTWRIGHT.

To Samuel A. Cartwright, M.D.

New Orleans, Dec. 31, 1851.

Dear Sir,—I hasten to acknowledge the reception of your note (of the 29th inst.), which I did not get until last night. On the reverse of the same sheet, I beg leave to reply to your questions, *seriatim*.

1. On the 20th of August, at 9, A.M., I tied the trachea of a healthy alligator, and returned it to its den, in your presence, as well as in the presence of five other physicians, Prof. Forshey, and others not of the profession.

2. In about thirty or forty minutes after the operation mentioned, the animal was brought from below to the third story of a house on Tchoupitoulas st., the same gentlemen being present; and, the alligator appearing quite dead, was laid on the table for anatomical examination.

3. During several minutes, while I was demonstrating the viscera by dissection, the animal remained completely passive and motionless, and apparently completely dead.

4. After I had exposed to view the thoracic and abdominal viscera, I removed the ligature from, and made an opening in, the trachea. Prof. Forshey having repeatedly inflated the lungs by means of a tube introduced into the opening, life gradually returned to the animal.

5. The animal's motions became vigorous, and its limbs were so well directed to the seat of the dissection, that it became necessary to hold, and finally to tie the same to a plank, in order to complete the demonstration (of the organs), which was carried on for near two hours, with some interruptions from a simultaneous vivisection of another alligator in the same room.

The above facts, noted and recorded a few hours after their occurrence (in Vol. XIX., p. 764 MS.) were observed by numerous witnesses, as well as yourself.

I am, dear Sir, yours truly,

BENNET DOWLER.

To Dr. C. R. Nutt.

New Orleans, Jan. 7, 1852.

Dear Sir,—Please be so kind as to answer the following questions, and much oblige

Your o'bt serv't, SAM'L A. CARTWRIGHT.

1. Did you not witness some experiments performed by Dr. Dowler, on Tchoupitoulas street, upon a couple of alligators, wherein one of them was resuscitated by inflation of the lungs?

2. If so, did you take notes, at the time, of the phenomena observed, and will you look over those notes and say whether the alligator resuscitated appeared to be perfectly dead before the inflating process commenced? Whether *fire* was applied to it; and whether its thorax and abdomen were laid open by the scalpel so that the viscera could be seen before inflation of the lungs was commenced?

3. Did life return in a doubtful way, with only feeble manifestations ; or was it vigorous life, characterized by violent motions, ruled by the will ?

4. Were any means used, after resuscitation, to restrain the motions of the animal ? Was it held for a time, and subsequently secured by tying ?

5. Were there any motions of the heart when inflation was commenced ?

Answers to the foregoing Interrogatories.

1. I was present—witnessed the vivisections of Dr. Dowler upon two alligators, one of which was decapitated, and the other strangled by exposing the trachea and tying it up with a firm and strong ligature. It was afterwards resuscitated.

2. I took notes at the time, which I am unable now to find. The strangled alligator, after the application of the ligature, exhibited the ordinary appearances of suspended animation, that of entire relaxation and total loss of motion. Rigor mortis was absent at the time Prof. Forshey inserted a proper tube into the opening made in the trachea. Fire was applied to the body, without any corresponding expression of pain. Dr. Dowler had exposed the thoracic viscera before the experiment of inflation. By inflation its lungs (large air sacs), beautifully covered with arborescent anastomoses of bloodvessels, were exhibited.

3. Upon the continued efforts of inflation for the space of two or three minutes by Prof. Forshey, the strangled alligator manifested all the signs of renewed animation and intelligence, as well as sensation, so far as its motions were unimpaired by the knife.

4. It made repeated efforts to escape ; and to continue the vivisections, it was found necessary to tie it.

5. I cannot speak positively of the movements of the heart, whether it was quiescent or not.

C. R. NUTT.

January 8, 1852.

To Dr. S. A. Cartwright.

Oleanda, Carrollton, La., Jan. 1, 1852.

Dear Sir,—Your note relating to our experiments upon two alligators, has come to hand ; and I take pleasure in adding my testimony, if it be needed, to yours and others, as to the wonderful facts developed by that examination.

I made no detailed record of the experiments. The minutes were kept by our friend, Dr. C. R. Nutt, and the results were published by Dr. Bennet Dowler, in his *Contributions to Physiology*.*

We manacled an alligator and laid him on his back, upon the block ; cut through the skin of the throat with a sharp knife, and tied a cord tightly round his wind-pipe, and then sewed up the incision, and turned

* We omit here a part of Prof. Forshey's letter, as it refers not to facts, but to the peculiar views of Dr. Dowler who was experimenting on alligators for a different object from that which induced Prof. Forshey and Dr. Cartwright to attempt the resuscitation described. A forthcoming work of Dr. Dowler, said to be of great interest, and much originality, will give some new phases of this experiment, and detail another made upon a second alligator. Some months elapsed before Dr. Cartwright wrote his description to Mrs. Willard, as he waited to give Dr. Dowler the advantage of being the first to produce these singular experiments.

him loose in his den. He exhibited but slight evidences of pain, in the process of cutting and tying up the trachea. Very little blood was expended.

We then passed into another story of the building, and commenced the experiments upon alligator No. 2.

At the lapse of twenty minutes by the watch, we returned to see our first subject; and, to our astonishment, found him *stone dead*. We took him from the cage, laid him upon the table and handled him, finding him lifeless and limber. We touched fire to him (as in the other cases after decapitation) to which he showed no response, or motion of any kind. It was a subject of some merriment, that "to kill an alligator, cutting his head off, his heart and lungs out, and probing his spinal marrow, were of little use; but that a few minutes choking was effectual." We cut loose the ligature of the trachea, and Dr. Dowler commenced dissecting about the thorax; but still no signs of life appeared.

It was at this stage of our inquisition, that I requested you and Dr. Dowler to await an experiment to resuscitate him, by inflating his lungs. It was thought scarcely worth the time; and as some delay occurred in my search for a proper tube,* the knife had severed his ribs from the sternum when I commenced inflating the lungs. I injected the air with all my power, and then expelled it by compression, and repeated this for several times, when signs of life appeared. And in two or three minutes more, about six or seven minutes in all, he was wide awake and ready to defend himself.

After this I do not remember the order of successive experiments; but I know that, to the astonishment and satisfaction of every one present, his re-animation was complete, and his subsequent actions as intelligent, and nearly as powerful, as before he was throttled, and that his subsequent death was produced by being again manacled, and having his heart and lungs dissected out.

Curious and profoundly interesting as this series of experiments were to all of us, and must be to every reflecting mind—especially in their psychological bearings—I regard this one of resuscitation after death, by inflating the lungs, as having a directly practical use, of far more ready and general application than any other of the series.

The subject was not then new to me, as a mere random thought thrusting itself up accidentally. In the year 1838, I witnessed the sudden death of a most valued friend. The cause of death was such, that my mind never became reconciled to it. It was too late when the suggestion came; but it forced itself upon me to conviction—that had the lungs been inflated, after the cause of death was removed, re-animation would have followed. My professional pursuits were not such as to afford me an opportunity to make such experiments upon human life; but I frequently spoke of it to physicians, yet never met an opportunity to test it upon a life of any kind, until on this occasion.

Let me then state the practical lesson which results from this experi-

* Dr. Cartwright in a letter remarks that these removals and delays, together with the vivisection, consumed so much time, that fully an hour occurred from the throttling to the resuscitation.

ment, and indulge the hope that your professional brethren will fully test its value.

“When death results from a cause, which can readily be removed, after death re-animation may be effected, and the machinery of life set in motion, by artificially inflating of the lungs.”

I have the satisfaction to remain

Your faithful friend,

CALEB G. FORSHEY.

STRANGULATED HERNIA—OPERATIONS

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. C. had had, for some eight or nine months, an inguinal hernia on the left side. As she had always been able to keep it reduced, she had not suffered much inconvenience from it. On the morning of the 26th of October, she felt a sudden increase of the tumor, attended with so much pain as to induce her to lie down upon the bed. The pain becoming quite severe, and the tumor increasing in size, her husband called in the family physician. He at once, on learning the cause of her trouble, attempted the reduction of the hernia by taxis. As his efforts proved unavailing, he had recourse to fomentations, the application of poultices, &c., striving rather to alleviate temporarily the patient's suffering, than hoping to afford any permanent relief. As the husband would not consent to have an operation performed, although the physician advised it, this treatment was persevered in throughout the day and a part of the night.

Early in the morning, the patient's suffering becoming, as she said, unendurable, an operation was consented to. By the advice of the physician in attendance, I was sent for to perform it. I found her exhibiting the usual symptoms attendant upon strangulation, and proceeded to the operation forthwith.

The patient having been put under the influence of chloroform, I made the usual incision through the integuments, and, by careful dissection, reached the sac, which I opened, and exposed a small knuckle of intestine. On examination, a stricture was found, which I divided, but was still unable to return the parts. On passing my finger still further up the ring, I discovered a second stricture, about two inches above the first. This I divided with the bistoury, when my finger passed readily into the abdomen, and the intestine by slight pressure was returned. Immediately upon the return of this, a large quantity of water issued from the abdominal cavity, showing that the patient was laboring under ascites also. This discharge continued for some time, and by slight pressure was much increased. I feared that this might interfere with the recovery of the patient. The wound, however, healed rapidly, and in a few weeks she was apparently well, both of the hernia and the ascites, from which latter she had suffered a long time.

CASE II.—Late in the evening of the 7th November, I was called to see Mrs. E., who was said to be laboring under strangulated hernia. She had been afflicted for some eighteen years with an inguinal hernia

on the left side. This was brought on, at first, as she informed me, by an asthmatic cough; and as she had never been entirely free from the asthma, she had found it impossible, at times, to prevent the descent of the hernia. When I saw her, I found, in the left inguinal region, an immense pyriform tumor, one of the largest I remember ever to have seen attending an inguinal hernia in the female. The integuments over the tumor were exceedingly tense, so much so that no impression could be made upon them by the finger. The large size of the tumor, and its great tension, seemed to indicate the presence of a large quantity of water, which, however, the result of the operation proved not to be the case. Having tried for a short time to effect the reduction by taxis, but to no purpose, and learning that it had already been attempted by the physician in attendance, I decided upon the operation.

The patient having been put under the influence of chloroform, I made an incision several inches in length, over the tumor, and very cautiously dissected through the fascia until I came to the hernial sac. This I opened carefully by the aid of the director, when but little fluid escaped, and the intestine bulged out en masse. It now appeared that the contents of the tumor consisted of some eight or ten feet of the small intestine. As it had been down but a short time, it was in a state sufficiently healthy to return. An abnormal state of a portion of the organ presented itself, which, I think, is seldom met with. Some four or five inches of the intestine were not more than a quarter part as large as the remainder. Indeed, it seemed as if it must have hindered the proper performance of the function of the organ. The patient, however, afterwards informed me that she had never suffered any apparent inconvenience from it. Having found the opening through which the intestine had protruded, I divided the stricture, and returned the mass, without difficulty, to its proper place. The external wound soon healed, and the patient was entirely well in the course of a few weeks.

CASE III.—Miss H., of a neighboring city, had been for some ten years afflicted with a femoral hernia of the right side. She had never worn a truss, and, indeed, from having never made known her trouble to her friends, was ignorant of its true nature. Some weeks previous to the time when the case came under my notice, she was taken with vomiting. Her physician was called in, who did all that he could for her relief, but to no purpose, she not having informed him of her true condition. Finally, however, suspecting the real cause of her trouble, he found, on examination, a tumor somewhat larger than a hen's egg in the right groin. Assured, at once, that a hernia existed, he attempted to reduce it, and, as he supposed, reduced a part of it. At all events, the vomiting ceased, after having continued, with but short intermissions, for a week. By the advice of her physician, as soon as she had recovered sufficiently, she was brought to the city and placed under my care, Dec. 12th. I at first attempted the reduction of the tumor by taxis, which I persevered in for a half hour at a time, for some days; but the strong adhesions which had formed (as it had never from its origin been reduced by the patient) resisted all my attempts. The patient's friends desiring it, feeling that she was in imminent danger while she remained

in her then unfortunate condition, and she herself consenting to it, I decided to operate with the knife.

Having put her under the influence of chloroform, I made a short incision directly over the tumor. This exposed its contents, which proved to consist entirely of omentum. My first step was to break away the adhesions, which I found by no means easy. I have seldom seen stronger ones. This, with the troublesome hemorrhage which always attends their dissection and wounds of the omentum, rendered the operation long and difficult. After destroying the adhesions, I still found it impossible to reduce the mass which was out, without enlarging the ring to such an extent as seriously to impede if not prevent a radical cure. The only alternative left, then, was to remove the irreducible portion. This I proceeded to do, after securing the vessels by ligature, with the scalpel. The portion removed would weigh about four ounces. The edges of the wound were brought together, and a firm compress applied, after which the patient was left to sleep. With the exception of vomiting, which I attributed in part or wholly to the chloroform, of which I had been obliged to administer a considerable quantity, no unpleasant symptoms occurred after the operation. The ligatures came away on the thirteenth day from the operation, since which the patient has been doing well.

The practice of operating on long-standing irreducible hernia, and still more that of removing large or even small portions of omentum, is, I am aware, not recommended by the highest authorities. My experience, however, has led me to a different conclusion on both of these points, and on some others connected with the operation for strangulated hernia. Of these I may have more to say hereafter.

G. HEATON.

Boston, January, 1852.

SPIRITUAL COMMUNICATIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the suggestions I shall make on what are called, or miscalled, spiritual manifestations, I shall confine myself to that portion of them called spiritual writings. My reasons for bringing this subject before the profession at this time, are these. I think the subject worthy the investigation of scientific men. The excitement regarding it in the vicinity where I reside is leading to the most deplorable consequences. The so-called spiritual writers are very numerous, and are rapidly increasing, and, what is worst of all, some of them, under the belief that they are receiving communications from the spirits of the dead, or even from God himself, are running into the wildest extravagances. I learn that some of them have actually become maniacs. I believe this condition of things can be, and ought to be, remedied; and to effect this result, I will contribute my mite by giving the profession and the public my theory of the matter, together with an account of my experience and investigations.

I hardly know whether it might not be policy to give you my theory first, and then the facts on which the theory is founded. I have some fear that the facts will make too great an onset upon your credulity. But as the theory was built upon the facts, and as I am conscious the facts were not tortured into existence by an excited imagination, I will venture to give you a straight-forward history of what I know about the matter.

On Monday evening, the second day of the present month, I first became acquainted with the so-called spiritual writings. Here, however, it is proper to premise, by giving, in few words, my views of animal magnetism and spiritual communications (so-called) up to that time. In the case of animal magnetism, I supposed the magnetizer induced in his subject a kind of hysterical delirium, and that great moral perverseness, with an uncontrollable disposition to deceive, was a part of that condition. I had taken pains to investigate the clairvoyant powers of various subjects by invitation of the magnetizer himself, and in every case the experiments were a total failure. No experiments that I ever witnessed were successful, unless they were those of such a character, that if the disposition had existed on the part of the magnetizer and subject, they would have succeeded by collusion. In short, in all the experiments, I was asked to rely upon the naked statements of one or both the parties, for a part of the demonstration. Where such was not the fact, the most ridiculous blunders always followed. With regard to the spiritual writings, I knew they were practised by some very serious, honorable and respectable men of my acquaintance. But I supposed they were as much compelled to write, as a hysterical girl is to cut up all the antics she does in a paroxysm of hysterics, and no more.

These views, one would suppose, were not very favorable to the visitation of *the spirits*. Nevertheless, on the evening above named, I called at the post office, which is in a dry goods store. I heard one of the clerks speaking of the spiritual writings. A number of people were in the room. I expressed my unbelief in the facts, in the strongest terms; but said, at the same time, I was willing to investigate, and that I did not like the course of those who impeached the veracity of their friends, and yet declared they would not investigate. If the spirits of the dead wished to communicate, I certainly had no objections, although I had not the least belief they would. Cherishing these feelings, I laughingly said to the clerk, "John, have *you* been trying to make spiritual writings?" "Yes," said he, "I tried it a little, and I believe the pen did crawn along, but it would not make letters." Said I, "hand me a pen, perhaps I am a medium." I took the pen, and as I had a few days before received a letter from Heath, informing me of the death of a nephew of mine, John Franklin Temple, I invoked his spirit, directing him, if he was present, to write "yes." Some oscillations of my pen immediately commenced, and in less than a minute my hand moved off and wrote in a firm, bold manner, "yes." Perceiving the effect, I asked permission to go round the counter, to a writing desk. At the desk I repeated my experiments at leisure. I asked the spirit to write his name, and the pen wrote, "Franklin Temple." It afterwards occurred to me,

that although we always called him Franklin, yet his signature was J. F. Temple. Upon that reflection occurring to me, my hand immediately moved off and wrote "J. F. Temple." I asked him if he was in heaven. My hand wrote immediately "yes." I asked him if there was such a place as hell; and immediately my hand wrote "yes." I then asked him if all men went to heaven; my hand wrote boldly "no." All this was done in the most firm and unmistakable manner, without the least voluntary effort on my part, and with the firmest intent that my hand should remain passive. I know I did not make a voluntary motion, but let the so-called spirits have my hand to do what they pleased with it. I invoked the spirit of Benjamin Franklin to write his name, and the name was written in the manner I have described above. When the last letter was finished, my hand began to go down under the name, and I could not think what it was about, but its gyrations soon executed the flourish as seen in the fac simile of Franklin's autograph.

After I returned to my house, I repeated the experiments with the same results. I invoked the spirit of my father to write his name, and the writing performed as usual, and I am satisfied that the hand-writing was a fac simile of his; the peculiarly awkward J I recognized, upon reflection, was such as I have seen him make. When I have (so to speak) called up the spirit of my nephew, the name is always written in a plain fair hand, and in a style I never should have written it voluntarily, and always in the same style. I have had no opportunity, however, of comparing it with the signature of my nephew, and do not know whether they correspond.

In my experiments I learned, the same evening, that the forefinger of my right hand would operate more strongly than the pen: and here I will digress by saying I think this will always be the case. The spirit may be willed to make every letter in the same place, when writing with the finger. In this way the letters are made in great perfection, insomuch that if you have a doubt as to the letter intended to be made, the moving power will sweep to the right or left more distinctly, or even make the letter over again. What is peculiarly worthy of remark is, that the moving power in making an O throws round convulsively oftentimes twice; *always* twice, if you wish it.

Experimenting in this way with my finger, I asked if the spirit of my father-in law was present. The answer was immediate, "yes." I asked him to spell out his name. "Alanson Lincoln" was immediately spelled out. I asked him if he was in heaven. Answer, "yes." I asked him if the religion in which he was educated was the best for mankind—the nearest the truth. As near as I can recollect, the names of the different religions were passing through my mind, together with doubts as to how they might be viewed by us in futurity. The answer to the question was, "no." I will here say that Mr. Lincoln, in his lifetime, was what is termed "Orthodox," and most strict in his principles, and more than usually devoted to his religion. I then asked what religion was nearest the truth; and "Roman Catholic" was written out. This I thought was very peculiar, but I was obliged to take it as it came.

At a subsequent day, while trying to analyze the phenomena, as they

occurred in my own person, I let my pen remain loose in my hand, and it began to twirl and dip in a manner so resembling a small horse-shoe magnet my children have among their toys, that it occurred to me the phenomena I had observed in myself, were more likely to be some new development of magnetism or electricity, than the doings of spirits. I felt, too, a sensation like a light, galvanic current passing through me. Sometimes it appeared to be a steady thrill, and sometimes it was intermittent, or resembled light shocks of electricity. I then thought I would inquire of a spirit more about different religions. I asked which was the best religion, at the same time fixing my mind sternly on the word Protestant. My hand immediately wrote "Protestant." In the same manner, and by direction of the same *spirit*, my hand wrote "Methodist," "Unitarian," and I believe one or two others. I could not make my hand write "Mormon;" the idea was too ridiculous. By this time, what little belief I had that these phenomena were the work of spirits, was pretty essentially demolished, and I asked if this was the work of the spirits of the departed. The answer was "no." I asked if it was the work of the devil. The answer was "no." I asked if it was *detached vitalized electricity*. The answer was "yes." Of course, you will not suppose me to believe these answers prove what it was, or what it was not. But to make the story short, I found I could make the *spirits* say almost any thing I pleased. I will here mention one fact, which I forgot to mention in its proper place. While the word "Protestant" was being written, I thought to myself, if this is really to be relied on, let my finger fall back on the *t*'s after they are formed, and cross them both ways; and this was done with a spasmodic and slightly painful jerk. In all these experiments, I had not the least consciousness of moving my hand voluntarily. On an evening subsequent to this, I tried to make my hand write the age of Mr. Temple. I did not know his age, though I was very certain he was between thirty and forty. The result was, my hand would make the 3, but would not make a figure after it. The pen, however, would move, mostly in a circular manner. The next morning, I related to my family the results of my endeavors to find out the age of my deceased relative. My wife, and a young lady who was then at my house, both remarked to me, that they knew his age, as they had seen it in the Amherst Express. I said, "Do not tell me; I want to see if my hand will be governed by what you know." I made a trial. My hand immediately wrote "33;" then it wrote "31;" and then again "33." The 31, however, was written hesitatingly and imperfectly; but such was not the case with the other number, which was his real age. My own impression was, that he was about thirty-one. Another circumstance may be mentioned. The lady who was with us, remarked afterwards, that while I was performing the experiment, she stepped for an instant into another room; but whether it was at the precise time my hand wrote 31, she does not know.

These are substantially all the facts that have come to my personal observation. It now remains to give you, as briefly as possible, my theory. And first, negatively, I do not believe these manifestations are made by the spirits of the departed, for I have more confidence in some

of the spirits I invoked, than to believe they would make such foolish contradictions. Again, I do not believe it is the work of the devil, for I think that it would be for his interest not to admit that it is not the work of the spirits of the departed; for though possessed of no goodness, the devil is supposed to have a great degree of low cunning, which certainly is not manifest here; and I am disposed to give even the devil his due.

On the other hand, it is much more difficult to tell what causes these phenomena, than what does not cause them; and at this stage of such manifestations, no positive theory that I can advance, can be expected to be more than a rough outline—a distant approximation to the truth. It must be left for those who have made high attainments in the science of electricity, and in their researches into the functions of the nervous system, to give symmetry and perfection to the theory.

I can, however, communicate my ideas no better, than by saying, that the human system, under some circumstances, seems capable of eliminating what I will term, for my present purpose, a *detached vital electricity*, such as is not brought into action in the common operations of life, which by concentrating in the hand, gives it (I will not say volition independent of the sensorium, but) the ability to perform acts in which the consciousness of the performance of such action, is not returned to the common sensorium. Better to illustrate my meaning, I will say, in the common act of writing a letter to a friend, the mind wills and the hand obeys its dictates. But the term “mind” is only a name for that certain something which passes, in a continuous current, from the brain to the hand, and makes it write. But in this case, a reflex current (if I may so express it) is continuously running back to the brain, to convey to it the consciousness of the performance of the act by the hand. In the case of the so-called spiritual writings, although the act may really have originated in the individual’s own brain, and a current passed to the hand, dictating the performance of certain acts or motions, yet no current returns to convey an idea of the performance of such acts by the hand. The current may be supposed to pass off from the person. Reasoning from the above facts, it would seem to be the case, that what I have been pleased to term (for explanation) the *detached vital electricity* of one individual, will operate on the physical system of another. This seems to be exemplified by the experiment of writing the age of Mr. Temple, when in the presence of others who knew it. This, however, might have been coincidence. In another experiment of the kind, the so-called spirits got the age wrong. There were circumstances, however, which will require too much space to relate, that explain why the last named experiment should not succeed. From what I hear from reliable sources of the performances of others, there can be no doubt of the hand of one person expressing the will, the desires, the belief, and even the prejudices of another, in this mysterious way. For example, some one asks the medium who has stolen such a thing, and the hand of the medium either expresses his own opinion or the opinion of some other person present. So when the question is asked whether such an one has gone to heaven or hell, the hand of the medium expresses his own belief or the belief of some other person, and not the facts in the case

unless by accident or blunder. That one person should be able to act upon another in this way, is not perhaps more unaccountable than the powers said to be possessed by the electrical eel.

A fact worthy to be mentioned, which I noticed in my experiments, was, that in cases where the writing seems to proceed from the inward sentiments, or past knowledge of the medium himself, the hand will frequently write that which he has forgotten, but which he remembers quite well after seeing it written. But this is hardly more wonderful than the fact that we can rummage over our mental store house, and find ideas that had long been forgotten. The manner in which mental acquisitions are packed away in the brain, and covered up from present view, and the process by which the different items are afterward hunted up, as we see exemplified in our persons every day, cannot be easily explained. A belief that the writings are the work of spirits tends greatly to the perfection of the performance, but is not essential to it. The reason is, it better concentrates the mind on the subject, and excites the nervous system more strongly.

Mediums are said, in some instances, to have become insane; which, if true, may occur on account of their ignorance in supposing the manifestations made by *spirits*, and *themselves* the intimate associates of spirits—or by the exasperation occasioned, by their neighbors and friends trying to compel them to disbelieve the evidence of their own senses—or perhaps by an expenditure of the nervous power in performing their experiments.

The question is often asked, "Have mankind always possessed such powers, and just now found it out; or have they all at once come in possession of them?" I certainly do not know; but I believe it a new thing. I think it may arise from some new relations of the elements of nature, like epidemic diseases—for example, cholera and plague.

I think it is in vain for scientific men to shrink from an investigation of this subject, and I assure you I have deeply regretted the feebleness of my pen to do justice to it. Ignorant persons are being driven to insanity by the belief of spirits hovering about them; and vile "fellows of the baser sort" are obtaining from the so-called spirits, maledictions against their neighbors for purposes of revenge. There are those among our most respectable citizens who believe they have experienced these singular phenomena in their own persons. There are those, too, of their neighbors, who declare they know that no one has experienced such phenomena, and when asked by the so-called mediums to investigate, declare they will not, but will run from it as they would from the devil. There are even some, who seem to consider it a duty to deny the evidence of their own senses, lest something should prove true, which they think ought not to be true. Whatever exists as a fact in nature, however unpleasant that fact may be, cannot be annulled or abrogated by our denial of it. So we had better adopt the cool philosophy of those who, when it rains, consent to let it rain, than to think to change the course of nature by denying her operations.

SAMUEL TAYLOR.

Petersham, Feb. 12, 1852.

WHO FIRST AMPUTATED THE LOWER JAW?

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the New York Journal of Medicine for January, 1852, it is stated, and that, too, by an American surgeon having some claim to dis-

tion, that, "To Dupuytren was reserved the glory of having, in 1812, first removed, by a methodical operation, a portion of the body of the inferior maxilla." If by this we are to understand simply, that the first time the French surgeon performed this operation, was in 1812, very well; we do not dissent, but accord to him all the glory that he deserves for his surgical skill and daring. But if, as is the more probable, the writer means to assert that Dupuytren, in 1812, performed the first operation of this kind *ever* made on the lower jaw, we deny the assertion, with astonishment that a professor of surgery, in a city where such abundant means are at his command of acquiring correct information in regard to facts that have now become land-marks in the history of surgery in this country, should make such an unwarrantable blunder. He is either utterly regardless of the honor due his countrymen, and captivated by the *prestige* of a great name, or strangely ignorant of the history of that science in our country, which he professes to teach.

But to the proof. Prof. C. correctly states, that Dupuytren performed his operation in 1812. But if he will refer to the American Medical Recorder, Vol. VI., p. 516, he will find the report of a case of "*Removal of a Portion of the Lower Maxillary Bone*, by W. H. DEADERICK, M.D., of Rogersville, Tenn." This operation purports to have been performed in 1810, thirteen years previously to the date of the report of the case. Now if ten from twelve leaves two, why it is plain that all the glory which the learned professor is disposed to reserve for the tardy French surgeon, is due our own ingenious countryman. And he has received this glory from those most capable and worthy of bestowing it, both at home and abroad. Dr. Mott acknowledges the case, in a note to his letter to Dr. Liston.—(*Mott's Velpeau, Vol. II., p. 917.*) Dr. Smith (*A System of Operative Surgery, &c., Part I., p. 38*) remarks of it as "claiming justly to be the first operation of the kind ever performed, being two years before that of Dupuytren." Mr. South (*Chelius's Surgery, Vol. III., p. 745*) says, "As will be presently seen, Deaderick was the first who, in 1810, cut away the side of the lower jaw; in 1812, Dupuytren sawed off a large portion of the front of the jaw." Again, p. 749, "Deaderick, of Rogersville, Tenn., is *justly entitled to the merit* of having first, in 1810, amputated a portion of the jaw of a child of 14, &c."

Having thus given to Dupuytren the glory of the first amputation of the lower jaw, without even alluding to the claims of others, he thus summarily disposes of the claim of Walther, of Bonn, of being the first to remove the *entire* lower jaw, and like the great French surgeon, walks off with the glory in reserve for *him*. "In the annals of surgery, there is an allusion made to the amputation of the *entire* lower jaw, by Walther, of Bonn; but I have not been able to trace the truth of it to an official source." What is meant here by *official*, we do not know; but if standard authorities are to be believed, Walther, of Bonn, did perform such an operation. Malgaigne not only notices, but describes the different steps of his operation, in his work on Operative Surgery.

We conclude by commending to the consideration of Prof. C. the following just reflections of his venerable preceptor. "We cannot permit

ourselves to believe that any surgeon of rank, possessing the high moral character which it is presunable should, or we might say must, necessarily belong to at least the distinguished members of the medical profession, as the guarantee of eminence and respectability, would willingly or wilfully deprive another of the honor that belongs to him."—(*Mott.*)

New York City, Jan., 1852.

J. C. O.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 13, 1852.

Dr. Taylor's Theory of Spiritual Communications.—We have not space, neither are we disposed, to say more at present respecting Dr. Taylor's paper in to-day's Journal, than that it is from the pen of a highly respectable practitioner in Worcester county, a member of the Massachusetts Medical Society, and a contributor to our pages in former years.

The Cholera in Baltimore in 1849.—Dr. T. H. Buckler, of Baltimore, issued a pamphlet some time in 1851, containing the history of Epidemic Cholera as it appeared in the County Alms House of that city, in the summer of 1849, with some remarks on the medical topography and diseases of that region of country. There is a degree of discouragement felt on taking up any thing that has the word *cholera* upon it. Not because we are altogether weary of the subject, but principally on account of the tediousness of the thousands upon thousands of pages that have been written, but in vain, to throw light where original and undisturbed darkness still prevents medical explorations. Dr. Buckler has a methodical, disciplined mind, a fact that is abundantly shown in this production; and what particularly distinguishes each page, is the prudent, reliable character that pervades the entire history. A neatly executed map of the medical topography of Baltimore, is also inserted. In short, there is a commendable degree of care bestowed on every essential point, so that a man in London, with this report in his hand, would understand the ground and the peculiarities of each section of the city and its neighborhood, very nearly as well as he would after walking over the premises. Preceding the development of the first case—that of John Kramner, who recovered from an attack of epidemic cholera—there is incidental medical information of interest to all general practitioners; and from the commencement of the division of subjects on the 23d page, the value of Dr. Buckler's observations increase in importance. Finally, the suggestions as to the mode of furnishing Baltimore with an adequate supply of pure water, shows him to be a man of enlarged views, with a practical, utilitarian mind, that is always intent upon bettering the condition of individuals and society. The manner of communicating a series of purely medical facts, as they are presented to the reader in this chronicle, shows what the writer might accomplish on a larger scale, were he to exert all the strength at his command. We thank Dr. Buckler for this contribution to science, modest and unpretending as it is, and should he be disposed to make further efforts, he will be heartily welcomed, if this is a fair specimen of his manner of addressing the medical public.

"Treatise on Diseases of the Chest"—being a Course of Lectures delivered at the New York Hospital, by John A. Swett, M.D., Physician to that Institution." When mention was made, some weeks since, of the preparation of this treatise, it was not expected that it would assume the size and character of the volume before us. We have been familiar with the high professional reputation of the author, who came before the public, in the pages of a medical periodical, some years ago; but in the finished production to which these observations refer, Dr. Swett exhibits maturity of thought, profound attainments in science, an intimate acquaintance with an extremely difficult branch of practice, and that essential element of a writer on the laws of disease, a sound judgment. We regard the

treatise as *the* book of the season. It will transmit the author's name in a way to elevate the medical reputation of our country, while it will particularly call forth encomiums on himself. The work is from the press of D. Appleton & Co., New York. It comprises 585 octavo pages, abounding in facts of the very first importance. There are thirty-five lectures, besides two microscopic plates—which practitioners of medicine must have, of course, if they would keep up with the march of improvement.

Life, Sleep and Pain.—Here are three words with which we are all quite familiar, but without being much the wiser for it. Samuel H. Dickson, M.D., of the Medical College of South Carolina, has put on his armor, and grappled with *life, sleep, pain, intellection, hygiene and death*, as though he stood in no fear of them. After reading his researches attentively, and enjoying the facts which they bring to light, every student will consider Dr. Dickson to be a profound philosopher, whose mind must be intensely active; and if any one questions his ability to dispose of great problems in physiology and psychology, let him study the essay on death. We have been charmed with the book. It is written in a calm, dignified style, upon topics that rarely receive attention from a mind of such peculiar fitness for discussing them. The essays are precisely what a thinking man would delight to read leisurely, in a quiet sitting room, these long winter evenings. He would feel refreshed by the beauty of the style, and the simplicity yet cogency of the arguments. And yet Dr. Dickson has not cleared up a single mystery, persuaded nature to reveal one secret, or added materially to the cabinet of exact knowledge; but he convinces us that the laws of life and death are unchangeable, that happiness predominates over misery, and that God rules in wisdom. The volume may appropriately find its way to the parlor table, into all the libraries, the schools and colleges—and especially to the hands of medical readers. Messrs. Blanchard & Lea, of Philadelphia, are the publishers.

Operations at the Massachusetts General Hospital.—MR. EDITOR,—Being in the city on Saturday, I took occasion to step into the hospital during the hour for operations. No less than seven operations were performed by the Professor of Surgery at the College, Dr. H. J. Bigelow. One amputation of the arm; the removal of the entire under lip for cancer, and the formation of a new lip; removal of a breast for cancer, &c. &c. What particularly strikes the physician who in former years attended the operations at the hospital, is the strange contrast between the writhings and groans of the patient under the knife then, and the quiet stillness of the scene now. It seems as if the enchanter's wand had been waved over that fearful upper room where so many sad sounds have been heard, and all was hushed to peace. This change has been wrought by Ether, which has been sent, like a good angel, to bless poor suffering humanity. May we not hope that the discoverer of this wonderful agent, whoever he is, will receive some substantial reward from the world at large, for conferring upon them such an inestimable blessing.

A COUNTRY PHYSICIAN.

TO CORRESPONDENTS.—The following communications have been received. Carbonate of Lead in Scalds and Burns; Encysted Tumor of the Neck; Turpentine in the Hemorrhages of Typhoid Fever; Cases in Practice—No. 1.; Manslaughter by Lobelia; Strictures on "Stricture of the Urethra"; and Dental Amalgams. The alleged "Great Discovery" in New York, reported by "Medicus," is a good hit, but we suppose the writer hardly expected his paper to be published.

DIED,—In Dorchester, of ship fever, Robert Thaxter, M.D., 75—an excellent man and skilful physician. A biographical sketch for the Journal has been promised.

Deaths in Boston—for the week ending Saturday noon, Feb. 14th, 61.—Males, 33—females, 28. Accidental, 1—apoplexy, 2—inflammation of bowels, 2—disease of brain, 4—bronchitis, 1—consumption, 8—convulsions, 1—cancer, 2—congestion, 1—croup, 2—debility, 1—dropsy, 3—dropsy of brain, 5—fever, 1—typhus fever, 1—scarlet fever, 1—hooping cough, 3—disease of heart, 1—hemorrhage, 1—infantile, 4—inflammation of lungs, 4—marasmus, 1—measles, 1—old age, 2—poison, 1—puerperal, 1—rheumatism, 1—scrofula, 1—smallpox, 1—teething, 2—unknown, 1.

Under 5 years, 25—between 5 and 20 years, 8—between 20 and 40 years, 9—between 40 and 60 years, 12—over 60 years, 7. Americans, 32; foreigners and children of foreigners, 29. The above includes 10 deaths at the City Institutions.

Complete Treatise of Midwifery.—Messrs. Lindsay & Blakiston deserve thanks for what they have already done in the way of enlarging the domain of medical literature. The very acceptable volume, with the above title, which embraces the whole subject of the Theory and Practice of Tokology, by M. Velpeau, translated from the French by Charles D. Meigs, M.D., of the Faculty of the Jefferson Medical College—the fourth edition, with additions by W. B. Page, M.D.—will be sought for at once. Dr. Meigs has a reputation that gives currency to anything bearing his name; but when Velpeau is made into English by one of the first public teachers of obstetrics in our country, its success cannot be doubtful. There are 652 pages, accompanied with numerous illustrations, and printed as that house prints all its works.

Female Medical Graduates.—Dr. Longshore's farewell to the feminine M.D.'s, at Philadelphia, is something new in the way of valedictories. Instead of following the beaten track, and addressing the class as "Gentlemen," the Professor of Midwifery begins with the word "Ladies"! It is made perfectly clear in the address that women were designed for practising physic. They are told precisely what to do in the settlement of their accounts, are enjoined never to meddle with the patients of a neighboring practitioner, and much other useful advice is given them.

Review of Materia Medica.—John B. Biddle, M.D., of Philadelphia, has prepared a duodecimo of 330 pages, which has been recently published by Messrs. Lindsay & Blakiston, expressly for the use of students. He says the dearth of elementary works on materia medica proper, adapted to the use of American medical students, has long been felt. This was intended as a guide to a course of lectures. Modestly as the author speaks of this production, its merits are evident, since it readily adjusts itself to the precise place it was intended to occupy. Several works of a similar character have been before published—one by Dr. Payne, of New York, some years since. But the more modern a work of this kind is, the better; and upon the presumption that the last treatise on such a subject must be superior to those that have preceded it, if any effort has been made by the author to avail himself of the labors of his predecessors, this must have a well-grounded claim for extensive patronage.

Professional Dental Education.—John Trenor, M.D., of New York, is the author of a paper on this subject, that has been issued in a pamphlet form, and indicates vigor of thought, and a just estimate of what a dentist should be. We are not disposed to believe it possible to make every individual perfect in any of the professions, notwithstanding the exact rules laid down by theorists and address makers. The dentists, as a body, in this country, are excellent men, and certainly very skilful operators; and yet they are, as a profession, the youngest of all. Twenty-five years ago, there were but few persons devoted to scientific dentistry;—now, there is a legion, and it is quite proper they should be regularly instructed, and have their proper place in society. We are disposed to question the absolute necessity of a thorough medical and surgical education for a dentist, as Dr. Trenor urges. Yet the more they know of both medicine and surgery, the better. There are some pretty good mechanical dentists in Boston who could not pass a close examination in medicine without a deal of friction.

THE
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No. 4.

ENCYSTED TUMOR OF THE NECK.

BY J. C. BRADBURY, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN October last, being in the town of L. on other professional business, I was consulted by Mrs. D. and her physician, relative to a tumor of the neck, filling the square of the left side, bounded by the inferior maxillary bone above, the clavicle below, and laterally by the larynx and trapezius muscle, crowding the larynx and trachea from their central position to the opposite side, greatly embarrassing respiration, and, by its pressure upon the large vessels of the neck, occasioning a painful interruption of the circulation of the brain, and painful apprehensions, in the minds of the patient and friends, relative to future consequences.

It had been some twenty years since the tumor was first observed, and of late it had increased with greater rapidity than formerly. Upon a superficial observation, it had very much the appearance of bronchocele, but had not its location. Upon a more careful examination, its surface was found to be smooth, regular and almost incompressible. On percussion, although there was not a distinct undulation, the diagnostic symptom of encysted tumors, an elastic vibration could be perceived, that seemed to indicate the probability that the tumor was of the encysted kind, distended by its contents, and bound down by a muscular covering. The mastoid muscle, tensely upon the stretch, was observed crossing the tumor, near its centre, in its oblique direction. There was no pain, save from distension of the neighboring tissues. The patient was about 50 years of age, and very corpulent.

Although I looked upon the extirpation of a tumor of this character, size and location, as the least inviting of surgical operations, I saw no other alternative, that could result in permanent relief, or any safety in delay. An unremitting congestion was threatening an apoplectic organization, and the ceaseless pressure upon the respiratory organs was occasioning the patient great discomfort in an erect position, and denying her the very necessary comforts of a recumbent one.

I explained to her the dangers and necessity of the operation, which she seemed fully to have appreciated, and expressed her decision by the laconic reply, that she "*had rather have her throat cut, than be choked to death.*"

With the sanction and assistance of Drs. Bacon and Jones, of that vicinity, the tumor was removed as follows. The patient being fully narcotized by chloroform, an incision was commenced; near the angle of the inferior maxillary bone, and carried along the extreme laryngeal boundary of the tumor, to the clavicle, which was near the form of the first half of the elliptic. From the centre of this, a second was carried back, in a transverse direction, to the trapezius muscle. The two flaps embraced in these incisions being raised, and the superficial layers of fascia and platysma-myoides dissected off, the external jugular vein presented itself, passing over the middle of the tumor, and it was found necessary to divide it. The lower extremity was compressed; and as there was a disposition to hemorrhage from the upper, a ligature was put around it. We also now had in view, the deep cervical fascia, binding down the firm and substantial muscular coverings of the tumor, which in the course of the dissection were found to consist of the sterno-mastoid, omo-hyoid, sterno-hyoid and sterno-thyroid muscles. These being dissected from their several relations, so far as was necessary to our purpose, and from their connection with the tumor, were removed from its face, as far as was practicable without dividing their longitudinal fibres, when by traction upon the tumor I was enabled to divide the lateral and deeper attachments of the clavicular extremity, and so raise this portion as to continue the dissection with considerable facility along the sheath of the carotid and internal jugular vein, to which the tumor was attached by intervening cellular tissue. By thus raising the inferior and lateral portion of the tumor, and dividing the deep attachments, as I best could, I was ultimately enabled, by pressing the mastoid to the external side of the wound, to crowd the tumor inside and above the mastoid, into the anterior triangular space, which gave a command over it, that enabled me to complete the dissection of its maxillary and laryngeal portions, from the anterior vertebral and pharyngeal muscles and larynx, to which they were firmly attached.

The hemorrhage was very trifling. A ligature upon the external jugular, and upon one artery, supposed to be a branch of the superior thyroid, were all that were required. The flaps were brought together, and mostly healed by the first intention. As the patient was fifty miles from me, I am indebted to Dr. B. for the subsequent history of the case.

The patient suffered hardly any local or constitutional inconvenience from the effects of the operation; but about the fourth day an erysipelatous inflammation made its appearance on the face, and extended over the head, but was thought to have no local connection with the wound. From this, however, she soon recovered, and from the time of the operation has been altogether relieved from the symptoms and suffering supposed to result from the mechanical agency of the tumor.

The longest diameter of the tumor, was five inches and a half; its shorter, four and a half; and it weighed eighteen ounces. It had appropriated to itself all the cellular and other loose structures in its neighborhood, and made them the medium of its connection to surrounding organs, which it had displaced, to make room for its increasing development. The naked and isolated condition of the numerous organs, after

Encysted Tumor of the Neck.

the removal of the tumor, presented a wound of formidable appearance. Of these were the anterior muscles of the neck, the larynx, the pharyngeal muscles, the cervical portion of the spinal column, with its immediate muscular coverings, and the primitive carotid, visibly pulsating through most of its extent, accompanied by the internal jugular and pneumogastric nerve.

The tumor was removed whole, without puncturing the sac, which was facilitated essentially by the form and extent of the external incisions. This could hardly have been accomplished through the elliptical incision, a method very common in the removal of tumors, and in my opinion sufficiently objectionable, in a majority of instances, and especially when the integuments are not diseased, and when deep and extensive dissections are anticipated amidst complicated and important anatomical relations. This method does not give access to the part to be removed, or its relations. We are continually groping in the dark, and it has not the advantage of diminishing the extent of the incision, either of the teguments or deeper textures. So far as my experience extends, a great proportion of the difficulties and embarrassments, of operations of this kind, and especially in the hands of inexperienced operators, arise from a badly selected method, or a timid reluctance of carrying the external incisions to a sufficient extent to facilitate the subsequent stages of the operation.

The greater portion of the tumor was made up of one large sac. Its superior portion had the appearance of being solid, but upon making an incision into it, there was found to be in its centre a large number of small cavities or sacs of various sizes, communicating with the main sac, thickly enveloped by a fleshy covering, that appeared to be the result of granulation; and over this, was a thick coat, made up of lamina of cellular membrane, which being continued over the whole tumor, constituted the whole, or nearly the whole, of the parietes of the large sac. The small cavities or sacs were lined by a fibro-cartilaginous tissue, which was continued to some considerable extent over the adjacent inner surface of the principal sac. There were also several irregularities, consisting of elevations and depressions; also several bony shells, attached closely to its inner surface, and spicula of bone, imperfectly ossified, projecting from its surface from two to six lines in length. These appearances led to the suspicion that the contents of the main sac had been made up of many smaller ones; that their primitive structure had undergone partial disorganization, and that they had been supplied by one general covering from the neighboring cellular tissue. Both the large and small sacs were filled with an albuminous fluid.

There are but few organic affections, the pathology of which remains in greater uncertainty than this variety of tumors. Their cause, the nature of the morbid process that develops them, the structure that gives them origin, are among the points to be settled by future pathological observation.

In the present instance, the tumor undoubtedly had its origin in the cellular tissue about the deep-seated organs of the neck. But its structure, contents and close analogy to the *cystic* tumor of Mr. Abernethy,

Dr. Burns of Glasgow, and others, which has its seat in the glandular structure (the thyroid and ovary), would seem to leave but little doubt that a *lymphatic gland* was the seat of its origin.

A circumstance worthy of notice, in the present instance, was that the same patient had several other tumors; and also a sister present, near her age, had several, all situated about the neck, but more superficially located, and all, evidently, of the same character. This fact strengthens the probability that a disposition to *this variety* of tumor is sometimes hereditary, a circumstance that has been noticed in connection with that variety so often found under the scalp, commonly passing by the name of *wen*.

Oldtown, Me., February, 1853.

POST-MORTEM APPEARANCES OF AN EPILEPTIC.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you deem this communication of importance, you will please insert it in the Journal. Yours, T. G. SIMPSON.

Derry, N. H., Jan. 26, 1852.

History.—When 2 years old, he ate very heartily of meat, and in a few hours was attacked by fits. These continued to occur occasionally, for several years, when they ceased for eight years, and then commenced again and continued until his death, at which time he was about 23 years old. He would have two or three a week. He has had some gastric disturbance and constipation from the first. Never had much pain in his head. Fits always preceded by rumbling or gurgling in his stomach. For three or four days before his death, his fits were very severe and long continued.

Post-mortem.—On removing his skull, brain was found large. No adhesions. On removing dura mater, the arachnoid was found much congested, and having a most beautiful appearance. No serum to be found beneath this membrane, or in the ventricles. All parts of the head were apparently healthy, but a good deal congested. There was a peculiarity of the sella turcica. The depression was six lines deep, six wide and nine long. This depression was the seat of an abscess, whose cavity contained about fifteen drops of pus of a bloody character. At the bottom of the cavity was a spot, from which the periosteum was removed, and the bone was rough.

Lungs healthy, except a few tubercles scattered here and there. A large pleural adhesion at apex of right lung. Heart normal. The cardiac orifice of the stomach and larger curve was the seat of acute inflammation, and the lesser curve and pyloric orifice were the seat of chronic inflammation and great thickening of the mucous membrane.

Query.—Had the abscess any influence in producing the fatal effect, as the symptoms were not aggravated until three or four days before death? Is it probable the chronic disease of the mucous membrane was a strong predisposing cause of the fits?

For the post-mortem in this case I am indebted to my friend J. H. Crombie, M.D., who has permitted me to offer it to the profession.

CARBONATE OF LEAD—ITS APPLICATION TO SCALDS AND BURNS.

[Communicated for the Boston Medical and Surgical Journal.]

THIS remedy, though spoken favorably of by all who have given it a trial—since first brought prominently before the profession by Dr. Gross, in his edition of “Liston’s Surgery”—is not, I think, sufficiently known and estimated by physicians in general.

At the risk of being considered tiresome by your readers, I report the following cases occurring in the practice of my father and myself.

May 10th, 1850.—Was called to see a child of Mr. McF., about 1 year old, which, in the temporary absence of its mother, had been most dreadfully scalded, by the overturning of a large pot of boiling water, the most of which fell upon its breast and neck, though smaller injuries were inflicted upon each of its extremities. The lungs almost immediately gave evidence of disease; and although we judged it a hopeless case, the carbonate was applied freely over the scalded surface, in fact almost covering the child with it, and a free dose of laudanum was given. These measures relieved the suffering; but the patient died in about sixteen hours after the accident, apparently from extensive disease of the respiratory apparatus. No depressing effect (as has been feared by some) followed the extensive application of the lead.

July 14th, 1851.—Sent for in haste to see Minnie C., 4 years old, who had pulled over a teapot, pouring its boiling contents upon herself, scalding the throat, front and sides of the thorax, extending on the right side entirely over the scapula to the posterior median line, and the inner surface of both arms, a small space remaining intact, immediately in each axilla. The scald upon the neck and front of the thorax was superficial, the skin alone being affected, owing to the facility with which the fluid flowed off. No so, however, with the arm and sides; here the muscles were affected. The child was in great agony, screaming and crying, but by the time she was well *painted*, she had fallen into a gentle sleep. She was then wrapped in raw cotton, and passed a comfortable night. This first dressing was not changed until the third day; after which, for eight or ten days, the cotton was removed daily, and the sores washed with Castile soap (as the warm weather and profuse discharge rendered cleanliness of the first importance), the carbonate and cotton being then re-applied. About the twelfth day, olive oil was substituted in place of the lead. Some little inflammation of the lungs, with fever and constitutional irritation, supervened in this case, but was easily controlled by the ordinary remedies—and the patient was discharged July 28th, almost well, there being small sores remaining upon the arms and right side, which healed without further trouble. Adhesion of the extremities to the trunk, and contraction of the axillary muscles, were prevented, by that space being well padded with cotton. In this case a cure was accomplished, as soon, certainly, as could have been done by any other method.

October 31st, 1851.—Saw Henry T., 6 years old, who had just been severely burned by his clothes having caught fire and being nearly consumed before they could be removed from his body. His throat, breast, right side and arm were burned, the left escaping. The lead dressing was applied, with almost immediate relief from pain. High fever followed in the course of a few days, and required the use of antimonials, &c. This treatment was continued for a week or ten days, the boy improving so that his mother thought she could manage the case, and it was then given into her hands; but not progressing well, it was returned to us Nov. 26th. There then appeared two large irritable ulcers, with exuberant granulations of a weak, spongy nature—one on the side of the thorax, and one on the inner side of the arm. The nitrate of silver in substance was applied to the granulations, “fatty ointment” to the surface of the sores, and Henry was finally discharged well, Dec. 6th.

I should state that this was a very ungovernable child, and consequently the dressings were applied very irregularly, during the intermission of medical treatment. *Burns* I believe to be longer in healing than *scalds* of equal depth and size, though I know no reason why this should be; but this is my experience.

I do not pretend to offer anything new to the profession, but merely to call attention to a remedy, which I think has not the importance attached to it which it deserves.

The best mode of applying the white lead is with a soft brush (I prefer a shaving brush), having first brought it to the consistence of cream by the addition of linseed oil, and thus spreading it over the whole inflamed surface.

Its *modus operandi* I do not attempt to explain; but for efficiency and appropriateness to all cases, I think this remedy second to none. I have never seen it cause any symptoms of *colica pictorum*, or in any way have a bad effect upon the local disease or upon the general health of the patient, though applied as above in some severe cases, as well as in others of less importance.

G. R. HENRY, M.D.

Burlington, Iowa, Jan. 29th, 1852.

SUPPOSED POISONING BY SUGAR OF LEAD, USED MEDICINALLY.

BY MEDICUS ANONYMUS.

[Communicated for the Boston Medical and Surgical Journal.]

It is unfortunate for the medical profession, and still more for those who are the subjects of their ministrations, that while their successful exploits are blazoned to the world, their failures and mistakes are, for the most part, carefully concealed. There are obvious causes for this in the personal interest and reputation which are involved. So far as it is a personal matter, it is of small account to the profession and to the world, and were that all, it were well enough; but there are effects which extend beyond the reporter's narrow sphere, and must operate injuriously wherever felt. These are, especially, the false reputations

which-particular remedies, or modes of treatment, or operations, in this way acquire. Not but that the reports may be, each and all, individually true; but for one such case of success as is recorded, there may be a dozen of failures which are suffered to pass silently into oblivion. The latter being left out of the account, the thing stands very fair; while if they were known and duly weighed, the preponderance would be greatly on the other side. This is supposing an extreme case, of course; but the same is true, though in less degree, of many cases. The necessary consequence is, that the inexperienced have quite too exalted a confidence in the means and modes which they have learned, and consequently in themselves, as masters of those means and modes. To the well-instructed student, conscious of his acquirements in medical science, who has not yet tried his weapons in actual conflict with disease, nothing seems more easy than to remedy every ill, and to vanquish every foe in the catalogue of his nosology; with the science as taught at his command, he welcomes the contest, confident in his powers, and sanguine of success. But experience—the “dear schoolmaster”—soon teaches him what his preceptor and his books did not; and his most sanguine hopes are many, many times blotted out in bitter disappointment. He finds that they told him the truth indeed, but only half, or less than half, of it; and feels that if he had earlier known the rest, he might have sometimes escaped the mortification of a failure, or the pain and the misgivings of a serious and mischievous error. If he gives “full faith and credit” to all he finds in the periodical literature of the profession, he finds himself still more “drawn on.” Confident conclusions from insufficient premises, strong praise of almost untried novelties, with few cautions against possible damage—these are too much the characteristics of medical journals. Were all the injury resulting from the medical use of each particular remedy, and the failures from reliance upon it to the exclusion of others, duly reported and published, as well as its successes and triumphs, those who come after, and look to the record for guidance, if not as bold and confident, would at least be better prepared to obviate, detect and remedy its occasional unpleasant effects. If they did not see so clearly before them a smooth and straight way, it would not be from dimness of vision, but because the rocks and pitfalls which lie there, instead of being cautiously concealed, would be revealed by the way-marks left by each predecessor who had fallen upon them. An enlightened caution would take the place of a half-blind boldness. A happy day that for the credit of the healing art, and for the well-being of diseased and over-doctored humanity. To help along that “better day a-coming,” I subjoin a case from an old notebook.

June 20.—Mrs. J—— sent to me for medicine for menorrhagia. Without seeing her, or ascertaining accurately the symptoms or urgency of the case, I sent a prescription of acetate of lead, with verbal directions. Exactly what quantity she took, or how soon it produced the desired effect, is not ascertained. Much more might have been taken than was intended.

22d.—She felt severe pain in the lower bowel, which was partially relieved by a thorough purge of her own prescription.

24th.—The abdominal pain still remaining, and becoming intolerable, I was called in. A full dose of opium relieved her for the time.

25th.—Seized in the night with very severe pains in the back, the right side and epigastrium; most violent in the side, in the region of the liver; pain constant; no action of the bowels; no recurrence of menorrhagia; tongue slightly coated; pulse normal; skin soft and moist. Prescription—a blister to the right hypochondrium, and calomel in liberal doses every four hours till it should produce catharsis.

Evening.—Pain partially relieved by blister, but soon attacked with great severity in lower region of the same side, thence radiating to the back and down the leg. After taking about a grain of morphine, she got easy and slept.

26th.—Her bowels being still unrelieved, she took in the morning a drop of croton oil, and a large purgative draught, to be repeated in a few hours, if the first dose failed to operate. These failing, and all the medicine that I had left being exhausted, in my absence several patent pills were given her, of which two were accounted a full dose. Thus the amount of cathartic medicine administered in two days must have considerably exceeded double doses each of calomel, of croton oil, of the draught, and of the pills.

27th.—No catharsis yet. An injection in the morning brought away a small quantity of fecal matter, but failed to excite the bowels to action. When repeated, it came away alone. During the day a great change took place in her appearance; great prostration; no pain; some delirium; pulse weak, 120; tongue brown; skin moist; extremities cold. In the evening the pain returned, and all the bad symptoms were greatly aggravated. A consulting physician was called, who advised the vigorous employment of stimulants. They had but little effect, however, and none to arrest the progress of the complaint.

28th.—Died.

I was much in doubt about the nature of this case, and my doubts are not fully resolved yet. I incline to the opinion that she was poisoned by the lead, inasmuch as I know of no other cause for just such an assemblage of symptoms; and I believe there was no symptom that might not originate in that cause. My counsel kindly attempted to relieve my doubts by suggesting malignant disease of the uterus; and disavowing entirely the suspicion of lead-poison. But I was not satisfied. I did not think of looking for the blue line on the gums in those days; if I had, I might not have the comfort of a doubt now. I leave the case, having made as full and fair a statement as I could from my meagre notes, for every reader to decide for himself.

Far West, January, 1852.

INQUIRIES CONCERNING THE LUNGS BEING THE ORGANS OF CIRCULATING THE BLOOD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—There is so much of ingenuity, tact and talent, in the upholders of Mrs. Willard's theory (of the lungs being the motive power of circu-

lating the blood) that we wish to see their acumen carried out. And, first, we wish to learn how the quiescent lungs of the unborn infant act in circulating the blood. That its blood circulates by its own organs is past dispute, because its pulse is not synchronous with the maternal pulse. Half convinced, and thrilling with admiration at the new theory, these thoughts flung a complete damper upon my reveries.

But again, Sir, so far as I know, the moving powers of the human body are the muscles. By their means we talk, walk, write, speak, eat and sing. Now, the heart having the most important duty to perform, is the most powerful, unwearied, and wonderful of all the muscles. What motion is performed without a muscle? Are the lungs, then, considered to be muscles? I pause for a reply. And perhaps, as Corporal Trim said of his pause, it is the most eloquent part of my speech.

Lebanon, Ct., Feb. 14th, 1852.

INQUIRER.

P. S.—Is John Bell correct in saying that the blood does not pass through the lungs of the fœtus? If so, there must at once be a *quietus* to the new doctrine, *sans ceremonie*. Lastly, the beating of the pulse in the adult is simultaneous with the beating of the heart, but not with the motion of the lungs in respiration.

STEAM DOCTORS—MANSLAUGHTER—LOBELIA AND RED PEPPER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you the following case for the Journal. It is a good illustration of the fact, that ignorance and presumption often lead to the most disastrous results, especially in medicine.

Mrs. C——, a stout, healthy woman, was taken with the premonitory symptoms of labor at 7 o'clock on the morning of the 21st of December last. She had been confined twice before, and had easy and natural labor in both instances. A steam doctor was immediately called, who saw her about 8 o'clock. Her pains at this time were slight, and she complained of some pain in the head. In order, as he said, to relieve the pain in the head, he gave her an emetic of lobelia inflata. During the operation of the emetic, the patient was seized with a convulsion. As soon as this had subsided, another emetic was given, and they were thus repeated till twelve had been taken, the patient continuing to have the convulsions as often as an emetic was taken. After the first convulsion, labor pains were almost entirely suspended. In order, as the doctor said, to reproduce these, injections of *red pepper* were used repeatedly through the day. Towards evening, the family, becoming alarmed at the state of the patient, sent for me, after having dismissed the steam doctor. I saw her about 6½ P.M., and found her *in articulo mortis*, suffering from the narcotic effects of the lobelia. I proceeded to apply the forceps, and without difficulty delivered her of twins. She died in about thirty minutes after delivery. From the account given me by a very intelligent nurse, who was with the patient

during the day, I have no doubt she could have been delivered several hours before, and perhaps her life been saved.

But her doctor was so confident that his lobelia and red pepper would have the desired effect, that he was allowed to remain and continue the treatment during the day. Perhaps the doctor expected to produce a sort of "*reflex action*" by his lobelia and pepper, and thus effect the delivery by the stomach and œsophagus.

I have sent you the case, Mr. Editor, for the purpose of calling the attention of the profession to what seems to me to be the proper course to pursue in similar cases—a course I regret exceedingly that I did not take in this case; and that is to call for a jury of inquest and let the facts be fairly and fully investigated, and thus be brought before the public.

I understand that the doctor in this case has concluded to get a pair of forceps, and not be dependent on the regular profession for assistance in future. I have no doubt if he does procure the forceps, and attempt to use them, they will be of more assistance in placing him where all such pretenders should be, in the penitentiary, than in relieving his difficult cases in midwifery. J.

New Haven, Ct., Feb. 14, 1852.

CASES IN PRACTICE.

BY A. I. CUMMINGS, M.D., ROXBURY.

[Communicated for the Boston Medical and Surgical Journal.]

No. I. *Poisoning by Bi-chloride of Mercury.*—In the latter part of the summer of 1850, I was sent for in haste to see Mrs. T——s, who was represented by her husband as having poisoned herself, as he supposed. On arriving at the house, I found an Irish woman, some 40 years of age, the mother of six children, and apparently in comfortable circumstances. She was pregnant, some five or six months advanced. I found her vomiting violently, countenance flushed and anxious, limbs cold, pulse quick, tongue red, and every indication that she was poisoned. She positively refused to reveal the circumstances, and seemed determined to die in spite of us. In searching for any indications that might lead to a clue to the mystery, by the kind assistance of Mr. Henry White, apothecary, who by my request accompanied me, we at length discovered a piece of brown paper, containing a few grains of corrosive sublimate, and she then admitted that she had taken the contents of the paper, as she said *about a teaspoonful, or more than a drachm!* From the quantity she had taken, I supposed it would prove fatal, in spite of remedial agents. But as no time was to be lost, and she was growing worse every moment, I immediately ordered a solution of a teaspoonful (3jss.) of salætatus, or impure bi-carb. potassæ, in ʒ viij. of water, and though she resolutely fought against it, wishing, as she said, to die in peace, by the assistance of my friend (Mr. White) I succeeded in making her swallow the most of it, though there was some spasmodic action of the muscles of deglutition. My object, it will be at once perceived,

was to form a chemical union of the alkali with the acid of the poison, and thus render the mercury comparatively harmless. She still continued to vomit freely, and after repeating the above prescription, I ordered the whites of a dozen eggs to be given her as fast as circumstances would permit. She still vomited some, and brought up small quantities of blood from the congested mucous membrane of the stomach, and being desirous as much as possible to shield the mucous surfaces from the action of the poison, I ordered the attendants to mix flour in water, and give her as freely as possible. Supposing, if she lived, that the least I could anticipate was acute gastritis, I gave directions to have a strong sinapism applied over the region of the stomach, and, if necessary, half a dozen leeches. Before I left her, she had so far recovered as to inform me that she took the poison for the purpose of self-destruction. She procured it of an apothecary for "bug-poison," and, as she afterwards informed me, she must have taken more than a drachm! She gave as a reason for the act, that she could not bear the thought of having any more children, and she had suffered severely thus far during gestation. On visiting her the next morning, I was surprised to find her so comfortable. She was weak, it is true, and suffered some from gastric irritation, but with care and antiphlogistic treatment she was able in a few days to attend to her ordinary duties.

The treatment pursued is not new, and I lay no claim to originality; but the result in this case gives me so much confidence in the theory of neutralizing the acid of the poison, that I should feel justified in resorting to it again, under similar circumstances. So important is it that in cases of poisoning no time should be lost unnecessarily, that if to the carb. potassæ imp., or salætatus, as it is better known in families, we have a safe remedy, the fact cannot be too extensively known, not only to the profession, but to the community. My patient, after her recovery, gave me the assurance that she was satisfied to live, rather than resort to corrosive sublimate as a passport to the other world, and promised never to attempt her destruction again; and I think she will be as good as her word.

February, 1852.

TURPENTINE IN HEMORRHAGES OF TYPHOID FEVER.

EXTRACT FROM A LETTER TO THE EDITOR.

* * * * * I HAVE just finished reading "Extracts from the Records of the Boston Society for Medical Improvement," published in the number for this month of the American Journal of Medical Sciences. And I must confess my astonishment that not one of the members—so far as is shown by the "Extracts"—made reference to the spirit or oil of turpentine as an efficient remedy in the hemorrhages of typhoid fever. If it is an omission on the part of the reporter, he has not done justice to the members of the Society. But if allusion to the applicability of turpentine under the circumstances, was not made

by any of the learned practitioners who were present during the discussion of the subject, it must have been for one of two reasons. The claims of turpentine to remedial importance in the hemorrhages of typhoid fever were not known; or, if known, they had been tested and found wanting.

I cannot entertain the idea of a want of knowledge on this point, on the part of those who engaged in the discussion; it would shock the feelings of respect which I have for Storer and others like him, and the love I have for the profession which has the time and talents of such men consecrated to its improvement. But if they have found turpentine to be inefficient as a remedial agent, in the condition which is evidenced by hemorrhage, they are certainly chargeable with inexcusable neglect in not publishing the evidences establishing the inefficiency; for truly I have been under the impression that it was esteemed, by the apt ones of the profession, as a styptic of very positive power, and peculiarly adapted to the hemorrhages which occur during the progress of an attack of typhoid fever. Upon this presumption I have practised. I cannot now remember more than two cases of hemorrhage from the bowels, presenting to me, as incident to typhoid fever. And I am also unable to say how many discharges of a bloody nature either case had. Neither died.

One was a marked illustration of the very great departure from the natural condition of the solids and fluids of the economy, which this fever is so apt to occasion; or which is occasioned by the peculiar cause operating in this affection.

A hale, athletic man, aged about 40, very muscular, and weighing, probably, 180 lbs., was attacked within a month after settling on a farm in this county. He was from North Carolina. There had been no sickness in his family for some time previous to his leaving that State. There had been no typhoid fever in the immediate vicinity of the farm on which he settled in this county. There was, however, a very great prevalence of the disease in town, two miles distant from his farm. No other member of his family was affected. This was during the summer of 1845. He was sick some three weeks, when he commenced getting better. His pulse beat less frequently and more full and round; his tongue became gradually clean; his bowels discharged not oftener than once a-day—a healthy, soft moulded passage; and his appetite was vigorous. Under these circumstances I left him on Monday morning to attend a call thirty-five miles distant. On my return the succeeding Saturday, I visited him, and found him bleeding from his gums—very slightly tinging the saliva; dark black oozing from his nostrils; urinating blood; ecchymosis under each eye; every discharge he had from his bowels more or less bloody, and he was reported to have had several “nothing but blood.” He was lying with his eyes half closed, muttering, only manifesting intelligence on being called, by opening for a moment his eyes, and when an arm was lifted, if let loose, it would fall instantly, as though there was not even the least muscular energy left. He was truly a desperate case—and my then partner in practice, Dr. Wm. Rogers, who had charge of him during my absence, ascribed the

condition to a teaspoonful of castor oil which had been imprudently administered by some member of the family on the previous Wednesday. Under these circumstances, something more than a mere astringent was demanded; rhatany, kino, sul. acid, all passed under review, but were set aside as not offering sufficient promptness and permanency of impression to meet the exigency. Oil of turpentine, in drachm doses every six hours, was resolved upon, and, during the intervals, beef-tea and arrow-root jelly at stated periods and in specified quantities, were to be given. In a few days we had the pleasure of hearing our patient converse rationally, and after a tediously-prolonged convalescence, he recovered, and I have since seen him apparently, and he says certainly, as well as he was before the attack. This is but one case, it is true, but to my mind it tells with an effect ten times more forcible than the presumptions of even the most aged and most experienced practitioners.

Some three years ago I had the good fortune to be thrown in company with Dr. Ogleby, of Madison city, Georgia, and in our conversation he made reference to a case almost if not quite as positive as the one I have so hurriedly given, in its favorable testimony to the virtues of turpentine.

In the systematic works the importance of this article is not set forth. Its virtues as a styptic were not well appreciated in 1812, when the fourth American edition of Cullen's *Materia Medica* was published. For Dr. Barton says, in a note—"Though it may be difficult to explain the fact, and improper to imitate the practice without great caution, there can be no doubt, that the terebinthinate medicines have sometimes been usefully exhibited in alarming bleedings from the intestines and other parts of the body. I have myself seen good effects from the turpentine in cases of this kind. But it is chiefly the experience of respectable British practitioners upon which I depend." Pereira makes reference to it as a styptic in a careless, and by no means commendatory, manner. But in the medical journals—those very essential aids to correct ideas in medicine (the physician, your correspondent of my State, who is so fearful of leading young practitioners astray, to the contrary notwithstanding), are to be found many reports from reputable practitioners which tend to establish confidence in turpentine as a styptic.

In the *London Medical Times* for Dec. 14, 1850, and Nov. 22, 1851, are contributions from a practitioner by the name of Bradley, "illustrating the good effects of turpentine in hemorrhagic diseases." But communications more appropriate for citation under the circumstances which have induced me to call your attention to this medicine, are to be found in the *Medical (Philad.) Recorder* for 1826 and 1828. I hope that I will not be held amenable by those infected by the rampant spirit of search after novelty which is characteristic of the age, as well in medicine as in almost every other department of human exertion, for referring them to journals published so long as twenty-four and twenty-six years ago. Much has been proven to be true which is seemingly forgotten, and an occasional turning up of "old documents" cannot fail of producing good—and the true and good, I take it, constitute the legitimate objects of the physician's efforts.

In the ninth volume (1826) of the Medical Recorder, is an article taken from the Edinburgh Medical and Physical Journal, Oct., 1825, to which it was communicated by Dr. Magee, then Senior Physician to the Dublin Sick Poor Institution, which, I think, bears on the subject of which I am writing. The paper is entitled a "Case of Purpura Hæmorrhagica, *successfully* treated with Spirits of Turpentine." Its author says he was induced to try the remedy in subsequent cases from its efficacy in checking the hemorrhage of dysentery. He further says that, after this case he had "several cases of purpura which did not assume the hemorrhagic form, solely, I am persuaded, from the use of the turpentine." The case is of importance, and therefore worthy of perusal, whether the opinion of the writer as to mode of operation and manner of combination be adopted or not.

But the most important cases bearing on this subject, are cases 3d and 4th, recorded by Caleb B. Matthews, M.D., of Philadelphia, in the Med. Recorder, Vol. XIV., 1828. Case 3, after "repeated attacks" of intermittent fever of the tertian type, was suddenly seized with alarming hemorrhage throughout the whole mucous membrane. A similar case in the same family had a fatal issue, in which the turpentine had not been used. It was employed in this case, and recovery resulted. Case 4 was in the same family, and was a case of hemorrhage after protracted fever, cured by turpentine.

On the 118th page of Braithwaite's Retrospect, Vol XXII., will be found a very interesting paper on this subject, by Dr. Budd.

If you think these remarks will in any way subserve the purposes of that improvement which is the proposed object of the Society whose deliberations induced me to write, you are fully privileged to publish them in your very interesting and valuable weekly.

Knorville, Tenn., January 28, 1852.

FRANK A. RAMSEY.

OBSERVATIONS ON THE VITALITY OF THE HEART OF THE SHARK.

[Made during a Passage from the United States to Burmah, on board the Ship
"Washington Allston."]

BY JOHN DAWSON, M.D., MISSIONARY PHYSICIAN TO BURMAH.

"INDIAN OCEAN," Dec. 18th, 1850. Lat. $0^{\circ} 35'$ south; long. $94^{\circ} 30'$ east. To-day we are just 35 miles distant from the equator, and about 250 miles from the western coast of Sumatra. The weather is sultry and warm. Thermometer stands at 83° in the cabin, and about 87° on the upper deck. Occasional showers fall upon the ship, and operating on the heat, tend somewhat to cool and refresh us. Quite a number of sharks of various sizes, and several dolphins, have been swimming and playing round the vessel during the greater part of the day. Three of the former were caught by a hook and line, armed with a bait, that was thrown over to take them. On opening these "inhabitants of the mighty deep," the hearts of two of them were removed from the body, for the purpose of experiment.

The question of irritability of the heart after death, in certain classes

of inferior animals, is no longer a subject of doubt among physiologists of the present day. The interesting case of the sturgeon, related in Prof. Duglison's work on physiology, is well authenticated and to the point. Before noticing, however, the phenomenon of the heart's action in the shark, it might, perhaps, interest some of my professional brethren, if I attempt to describe in a few words the anatomy—the size and structure—of this particular organ in the animal under consideration. The creatures that were taken measured respectively 28 and 34 inches in length, and 16 to 24 inches in circumference round the position of the thorax. When made sensible that they are caught by the hauling in of the line, sharks seem to struggle, like most description of fish, very desperately, to break loose from the hook, but this, of course, only tends to make them the more secure. According to a nautical guess, for there is no means of correctly determining such a question, the two that were subjected to inspection, were considered to be between, the one 10 and 11, and the other 12 and 13 years old.

On examination, the heart appeared to be about the size of an ordinary walnut, and was found without the usual capsule, or pericardium, which is natural to and always noticed in the higher order of animals. As to the general question of size in the whole class or species, this must, of course, depend on the age and dimensions of the animal itself. The organ has but one auricle and one ventricle. The auricle reposes on its anterior and superior face, and bears, I imagine, the same relation as to texture, as the auricles do to the ventricles in the human subject, except that there may be seen a few more muscular fibres interwoven with the fibrous tissues than in the case of man. In the ventricle the fleshy walls were of uniform thickness throughout, a circumstance that is unlike the case of a heart, where there exists a right and a left ventricle, whose relative powers are different, from having unequal forces to exert, but in exact proportion to the office each fulfils in the economy. In this cavity, i. e., the ventricle, I could discover no valves, nor any arrangement which effected that object between the auricle and ventricle. The chordæ tendinæ were also wanting. At the opening into the aorta, there were three capsular bodies, each having a movable minute filamentous membrane covering it, performing evidently in that situation the office of valves.

As to the action of this important functional apparatus, I watched very closely its successive movements, without intermission, for more than an hour, and then at intervals till it became totally unaffected by manipulation. As a beautiful machine of nature, and taking the whole organ for our study, the first impulse proceeded invariably and regularly from above downwards—from the upper edge of the auricle, to the lower or most dependent part, or apex—the sides pressing, after the similitude of a wave, inwards with the progress of the contractile effort. Whilst this movement is advancing, the ventricle is relaxed and dilated. Then like a wave rolling onward, the expulsive action passes as quickly as can be from the auricle to the ventricle. After the latter contracts and becomes apparently empty, by the passage of a jet of the current through the aorta, there is an instant of repose. In this manner wave succeeds

wave, or, better, impulse succeeds impulse, with undeviating regularity and constancy. As the *vis vitæ* or nervous influence diminished, the beats, or pulsations in these experiments, became gradually less frequent, till they ceased, at the expiration of an hour, altogether. Subsequently, by the application of a foreign stimulus, such as the scratch of a needle or a knife, the organ would immediately respond, by an effort at contraction and dilatation. At the close of half an hour from the time of its ceasing to act voluntarily, or at the period of one hour and a half from its removal from the trunk, the susceptibility, or power to be stimulated to action, was completely lost. It then seemed to be dead inert matter.

In both instances the particulars and results were so nearly alike, that no separate notice of either of them seems to be here desirable.

From these experiments, then, so far as they go, conducted on two different occasions and with care, the fact is *once more* established, that the *inherent vitality*, nervous irritability or contractile power, or whatever term is preferred, by which it may be correctly designated, *continues in the heart* of sharks, for a longer or shorter period, varying from one to two hours, after the total extinction of life in the animal whence the organ was taken. Such, it may fairly be inferred, is the rule, though we may yet be made acquainted, by future observation, with some exceptions.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 25, 1852.

Jarvis's Physiology and Johnston's Turner's Chemistry.—"Practical Physiology; or Anatomy and Physiology applied to Health. For the use of schools and families. By Edward Jarvis, M.D." "Elements of Chemistry, for the use of schools. By John Johnston, M.A." Published by Messrs. Thomas, Cowperthwait & Co., Philadelphia. We are indebted to D. Forbes, Esq., 131 Washington street, the New England agent of the publishers, for a copy of the above-named school books. The work by Dr. Jarvis has been examined with particular care, and we can unhesitatingly say that it is by far the best popular treatise on the science of physiology we have ever read. It is well adapted to instruct the student; while the purity of its language and its originality of expression cannot fail to interest all. Were such works as this more extensively read by the members of families, the physician's task would be much lighter, and infinitely more pleasant, when administering to them in sickness. The work on the Elements of Chemistry, by Mr. Johnston, comprehends everything that is requisite for the primary instruction of the student. It is well written, and easy to be understood; and to the lover of that enchanting and most brilliant of all the sciences, this book of Mr. Johnston's will serve as a pleasant pastime to while away his leisure hours.

Parisian Medical Society.—Allusion has been made in the Journal to an association of American physicians in Paris, lately organized. We are

informed that another similar society has existed there for some time, under the name of the Parisian Medical Society. This one was instituted in 1837, and is composed of English and American medical gentlemen who are resident in Paris. At the annual meeting of the association, held on the 14th of November last, when an address was delivered by the President, Dr. Charles F. Haywood, of this city, the whole number of members enrolled upon its list was six hundred and seventy-four; while among its honorary members are some of the most eminent of the Faculty, both in Europe and this country. The Society was never in a more prosperous condition than at present, and is doing much to remove national prejudice, to establish friendly relations, and to unite the members of the profession in a generous rivalry in the pursuit and advancement of medical science.

Piper's Manual of Operative Surgery.—We desire to call the attention of the surgeon, the physician and the student—in short, of all who take any interest in this branch of medical science, to a book now in press and shortly to appear. It is designed as a Manual of Operative Surgery, and is the work of much labor and of many years. It will contain a complete history of every surgical disease; and, above all, it will contain spirited and accurate plates of every surgical operation hitherto performed—of the various manipulations of minor surgery, and of the many, and oftentimes perplexing, malignant growths. These plates are in number several thousand. We have seen proof impressions of many of them, and can bear witness to their value. Appearing, though this book does, at a time when others upon the same plan have just been offered to the profession, we have yet no fears for its success. Its author, Dr. Piper, of Woburn, is well known as an enthusiastic and correct observer; the plates are all from his own hand. It is to be published by Ticknor, who spares no pains nor expense in its mechanical execution.

Such a book has long been needed. Much of real importance in surgery has hitherto been scattered through many different treatises, some of which, from their rarity and expense, are inaccessible to the general practitioner. All the results of the combined observation and experience of their authors, all the acquisitions of surgery down to this very hour, will be here presented in an available form and at a very low price. So that we can truly and earnestly advise every good physician to give this book a place in his library. He will find it an interesting work, and one constantly useful for reference.

New Jersey Lunatic Asylum.—The fifth report from this institution shows that its system of treatment is complete, and that the objects contemplated by the Legislature have been realized. Dr. Buttolph makes a good medical superintendent. From Dec. 31, 1850, to Dec. 31, 1852, the receipts from all sources were \$32,124 93; and the outgoes the same, lacking \$33.83. Patients in the institution Jan. 1st, 85 male paupers, 86 indigent females, and 171 private patients. There is not a lunatic hospital in the United States that will not become an almshouse in less than fifty years, at the rate they are now filling—and the extraordinary part of it is, that the majority are foreign paupers.

Butler Hospital.—The reports of the trustees and superintendent are sensible documents. This lunatic asylum is the charity in Rhode Island,

and probably no institution in the country is better managed. We do not perceive any thing particularly striking in regard to the treatment of the insane here, that has not been already before the philanthropic public. Suggestions, indeed, as to modifications of old and well-established modes are all that can be expected, and the fewer of these the better, unless a positive benefit to the patient is pretty sure to be realized. It seems that the receipts, in 1851, were \$21,252 43, and the disbursements \$21,016 96. The invested funds of the hospital are \$51,500 00. This State has been fortunate in the administration of its insane asylum, thus far.

Student's Vade Mecum.—Messrs. Lindsay & Blakiston's third edition of Mendenhall's Compendium of Anatomy, Physiology, Chemistry, Materia Medica, Pharmacy, Surgery, Obstetrics, Practice of Medicine, Diseases of the Skin, Poisons, &c.—revised and enlarged, with 224 engravings, puts the student in possession of a condensed medical library. Its accuracy is a strong recommendation, while the portability of a volume containing the whole circle of medical science, is a matter that will have weight with those for whose service the book was originally designed. The work is offered, too, extremely cheap, and will be found a valuable assistant even to a well-informed practitioner of any branch of medicine.

Artificial Limbs.—There has been a degree of perfection attained in this branch of mechanism, in New England, that surpasses the efforts of ingenious artists in Europe. This fact is admitted abroad, and Mr. Palmer's success with his artificial limbs, in London, was a triumph that has added to the credit of American ingenuity and skill. A few days since, on the way from Boston to Springfield, under the affectionate care of a devoted father, was a young lad who had the misfortune to have both his lower extremities so shockingly crushed in the great tornado in West Cambridge, the last autumn, that one limb was necessarily amputated above the knee, and the other below. He was on his way to Mr. Palmer's establishment, to ascertain if by any method the boy could have the appearance of possessing feet, like other people. On the day following we were in a return car, where the father and son gave the result of their interview with the artificial limb-maker, which was truly encouraging. He gave it as an opinion that artificial limbs may be so adjusted to the stumps, as that the young man can actually walk about comfortably—and yet one of the two is to have a knee-joint. If Mr. Palmer succeeds in this case, he certainly can in any, and to the extent of his success and fame there will be no boundaries.

Boylston Medical Society of Harvard University.—At a late meeting of this Society, the President, Dr. S. Cabot, being in the chair, the award of prizes for the present year was made by the Committee as follows: The first prize was given to Mr. John M. Brown, for an essay on "Cancer and its varieties." Of the two second prizes, the first was given to Mr. John E. Hathaway, for his essay on "A Comparative View of the Circulation in Man and the other Vertebrata." The other to Mr. Nathan H. Rice, for his essay on "Paracentesis."

Jenner Monument.—The public was apprised some months since of the project which had been set on foot in London, of erecting in that city, a

statue of Dr. Jenner, in commemoration of the discovery of vaccination. It was proposed that contributions towards this object should be solicited from all civilized nations, in order that the monument might be an expression of the universal gratitude of mankind to one of its greatest benefactors. The duty of commending this subject to the attention of the citizens of the New England States, and of seeking their aid, was assigned to a committee of physicians in this city, and having completed their labors they now, according to their promise, submit the result to the public.

The total amount which has been collected is - - \$1033 71

The expenses for printing, collecting, &c. - - - - 163 25

Leaving a balance in the hands of the committee, of \$570 46

This sum has been transmitted to the treasurer of the fund resident in London.

The following is a detailed statement of the places from which subscriptions were received—the amount from each place—and the number of contributors. It may be recollected that the sum subscribed by each person was in no case to exceed one dollar.

Massachusetts.—Boston, subscribers, 524; amount, \$503 81. Lowell, 120; amount, \$101. Salem, 78; \$75. Roxbury, 26; \$23. Waltham, 25; \$25. Worcester, 26; 25 50. New Bedford, 23; \$23. Newburyport, 22; \$22. Danvers, 28; \$20. Charlestown, 19; \$19. Fitchburg, 27; \$12 15. Dedham, 12; 11 50. Fall River, 10; \$7 50. Pittsfield, 10; \$7. Dorchester, 6; \$6. Lawrence, 8; \$5 25. Lee, 9; 5. Newton, 10; \$3. Montague, 6; \$1.

Maine.—Portland, 17; \$17. Bangor, 3; \$3.

Vermont.—Burlington, 51; \$51. Brattleboro', 1; \$1.

Rhode Island.—Providence, 43; \$40. Newport, 5; \$5.

New Hampshire.—Dover, 13; \$13.

Connecticut.—Norwich, 2; \$2.

During the last three years, the wives of 9 men have been brought to the Massachusetts State Lunatic Hospital, at Worcester, in consequence of their husbands going to California.—It is said that 1 out of 16 of the Boston population, or 9,000 in all, is a pauper.

TO CORRESPONDENTS.—Communications on Sea-Sickness, Epulis, Imperforate Anus, and Curvature of the Spine, have been received since our last acknowledgment. We must decline the insertion of the "Strictures" referred to last week, unless the writer will append his name. The article on "Dental Amalgams" is long—too long, we think—and its insertion must be deferred till the pages of the Journal are less crowded than at present with short practical essays.

MARRIED.—Dr. C. F. Koh, of Hartford, Conn., to Miss E. Hoist.—At Cambridge, Ms., Dr. Anson Hooker to Miss A. W. Parker.

DIED.—At Farmington, Conn., Dr. E. W. Carrington, of apoplexy, 50.—At Savannah, Geo., Dr. C. P. Richardson, an eminent physician.—At Washington, Dr. Dana.—At Bucksport, Me., Dr. John Vanuing, 62.—At Middleboro', Ms., Dr. Geo. Sturtevant, 57.—At Lyme, Conn., Dr. Daniel Lord, 49.—At Somerville, Ms., Dr. Wm. A. Brown.

Deaths in Boston—for the week ending Saturday noon, Feb. 21st, 57.—Males, 32—females, 25. Abscess, 1—accidental, 1—disease of brain, 1—consumption, 12—convulsions, 1—cancer, 1—croup, 2—dysentery, 2—dropsy, 1—dropsy of brain, 2—erysipelas, 1—typhus fever, 1—scarlet fever, 3—hooping cough, 1—disease of heart, 2—hemorrhage, 1—intemperance, 1—infantile, 6—inflammation of lungs, 4—marasmus, 2—measles, 3—neuralgia, 1—puerperal, 1—rheumatism, 1—smallpox, 1—teething, 2—thrush, 1—worms, 1.

Under 5 years, 27—between 5 and 20 years, 3—between 20 and 40 years, 15—between 40 and 60 years, 3—over 60 years, 4. Americans, 26; foreigners and children of foreigners, 31. The above includes 12 deaths at the City institutions.

Inanition.—Dr. London, of West Point, Tenn., in a letter some time since received, mentions an instance of prolonged inanition in a hog, which deserves a place by the side of the one recorded by Martell. The unfortunate animal, according to Dr. L., became confined between the limbs of a tree—wedged in—and in this situation remained for ninety-six days, in the autumn and winter of 1848-9. During this period it had no food, but, it may be supposed, was pretty abundantly supplied with rain water. Its computed weight at the time that it became entangled was 190 lbs., and but 30 lbs. when released, so that it lost 160 lbs. in 96 days. The pig mentioned by Martell as having been inhumed by a slip from the cliffs of Dover, lived 160 days without food, and was found to have diminished in weight in that time more than 120 lbs. The more rapid emaciation, in the former case, was doubtless induced by the exposure of the animal to the open air and the vicissitudes of the weather. The pig, under the chalk cliff, was effectually protected from these influences, having just a sufficiency of air to maintain respiration. Dr. Currie relates an interesting case of dysphagia, in which the subject, being unable to take any food for a month, lost during that time 100 lbs. in weight. The patient complained very little of hunger; neither was he much disturbed by thirst, except during the first days of his abstinence, and found that it was then always removed by a tepid bath. Nutritious clysters were employed, and seemed to support his strength, as well as afford him refreshment. It is remarkable how little this patient suffered at any period of his inanition. "His nights," says Dr. Currie, "were quiet; his sleep sound and apparently refreshing." Towards the end of it he had very lively dreams, but all of a pleasant nature. "No man," remarks Currie, "ever perhaps approached death by steps more easy."

A child, in this city, died inanitated about a year since, from closure of the œsophagus, the result of swallowing a solution of pearlsh. The obstruction was gradual, and the child lingered for more than 3 months. We had an opportunity, in this case, of remarking the fœtid odor of which writers speak as emitted by the bodies of those in the last days of starvation. With this little sufferer, as with the patient of Dr. Currie, life ebbed so gradually away, that its mother was hardly aware of the moment when it ceased to breathe.—*Western (Louisville) Med. Journal.*

Connection between Respiration and the presence of Sugar in the Urine.

—M. Alvaro Reygnoso referred to a note read before the Academy of Medicine, in Paris, in which he had previously stated that all substances which repress the frequency of respiration, and thereby diminish hæmatis in the lungs, tend to the production of sugar in the urine. Acting upon this principle, M. Reygnoso had been able to cause the appearance of sugar in the urine by employing the contra-stimulant treatment.—According to the generalization of M. Robin, those substances which arrest the slow combustion, by moist oxygen, after death, are hyposthenic or contra-stimulants during life—e. g., the metallic salts, ethers, salts of quinine, and narcotics generally. Having examined the urine of persons under the influence of salts of mercury, antimony, opium, and quinine, M. Reygnoso had found it to contain sugar, and he had also found that the sugar disappeared from the urine in proportion as the salts were eliminated from the system.—*London Medical Gazette.*

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 5.

DISEASES AND THE PRACTICE OF MEDICINE IN DAMASCUS.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—After a long delay, I sit down to answer briefly the questions you handed me on your late visit here, relating to the diseases of Damascus, and to make such observations on the practice of medicine amongst the native physicians as the limits of my letter will allow, hoping that the perusal may interest some of the readers of your valuable Journal.

Intermittent fever is exceedingly common, both in the city and all the villages throughout the plain of Damascus, and with its concomitants destroys more lives than any other malady known here. Through most of the summer and autumn a large proportion of the people live on fruits and raw vegetables, with little animal or other solid food; the blood becomes deficient in fibrin, and the bodily powers enfeebled, and in this state exposure to the malaria, either while engaged in their agricultural employments in the country, or residing in the narrow, ill-ventilated and filthy streets of the town, where animal and vegetable putrefaction everywhere poisons the fountains of life, develops the disease in innumerable cases. The most prolific source of malaria and ague is the artificial irrigation of the soil. The river below the city is divided into a network of streams, which are carried over every part of the plain, the beds of which soon become filled with mud and decaying vegetable matter; and as the water has to be constantly diverted from one channel to another for the use of the crops, the exposure of the beds of these streams to the fierce rays of an almost tropical sun, produces an atmosphere as unfavorable to health as can well be conceived. To this source of disease the people of the villages are peculiarly exposed, while pursuing their daily avocations. Thousands, also, who dwell in the city, annually take the ague from imprudent exposure until a late hour in the evening, along the rivers in the suburbs of the town, enjoying the paradise of Eastern life—social converse with friends, and the soothing, care-dispelling fumes of tobacco, along a babbling stream. I believe that a greater proportion of the population of Damascus and its surrounding villages annually suffer with intermittent, than even that of any of the paludal districts of our newly-settled western States. The quotidian type greatly predominates; I think in the proportion of two

cases to one of either of the other forms. Quartan is much more common than in America, and though it seldom seriously impairs the functions of the system, it is peculiarly obstinate, as persons not unfrequently have it for years with scarcely the omission of a paroxysm. There is no native remedy known for the disease. In its treatment, quinine can be used more indiscriminately, and with more certainty of promptly arresting it, than with you, but the high price of the drug prevents most persons from purchasing it, and as it is always greatly adulterated by the native druggists, those who do are often disappointed in its effects.

The epidemic contagious diseases are much milder than the same disorders in America and Europe. Smallpox often occurs in the city, but it seldom proves fatal, and rarely disfigures the patient. Measles is a trifling affection, and attended by none of the troublesome sequela which render the malady so much and so justly dreaded in the United States. Hooping cough is mild, and runs its course in a little time, and scarlatina and parotitis are both unknown.

Syphilis abounds in every condition of society, but is comparatively mild unless aggravated by the medicines given for its cure. I have never seen a case in a native of the country in which it had affected the bones or the periosteum, and rarely one attended with buboes, though Europeans who contract the disease here pay as dearly for their indulgence as they would at home. Ulcers usually form around the glans and prepuce, which are soon followed by an irruption over the whole surface, generally in the form of syphilitic roseola, which, after some months, disappear spontaneously, if not aggravated by the nostrums of some quack, masculine or feminine—for the malady has professors of both sexes, who devote their services exclusively to it. The ulcers on the glans heal under the use of the simplest dressings. The native doctors always treat the disease with the corrosive chloride and mercurial fumigations, and are far oftener successful in destroying the patient's constitution and draining his purse, than in curing his malady. I have never met with one who had been under their treatment, who had not been made a victim. Contraction of the disease by either sex is attended by no opprobrium. Throughout Syria syphilis is known by the name of "Habb el Franje," *the Frank pimple*; and the people assert that it was unknown here until brought by Europeans during the occupation of the country by Ibrahim Pasha. The truth is, as I have been informed by an intelligent native physician, the disorder before that period, as at present, possessed little virulence, and consequently attracted but little notice, but that the Egyptian soldiers propagated it in a greatly aggravated form, so that for several years it became a scourge to the city. I have never heard of its being "cured by hot sand." Gonorrhœa is not often met with, but when it does occur it is obstinate and extremely difficult to remove, owing to the continued excesses of the patients, being generally followed by a long and obstinate gleet, which often leads to complete and permanent sexual impotency.

Goutre cannot be considered a disease of the plain of Damascus. I have seen but two cases here, and one of them came from Egypt.

The *Insane* are not very numerous, and the disease seldom assumes

a furious character; those afflicted being usually kept in the houses of their friends, and often permitted to enjoy the liberty of going where they please about the city. Many of the Derwishes, or religious monks of Islamism, are insane, though I believe they never become furious maniacs. They are allowed to go wherever their inclination prompts them, and they rarely do much mischief except to throw stones at christian boys along the streets, and to curse Franks who may happen to pass near them. They often take the liberty of entering the harems even of the most wealthy, and violating the inmates, but this scarcely displeases any one, and least of all the party most injured. When a case of furious insanity occurs, the madman is sent to a public institution in the city, called the *maristan*, founded by some benevolent Muslim in the time of the later Caliphates—a stately building, but now as destitute of every comfort as any prison in this barbarous land. In this he is secured by an iron chain to the marble pavement, and left without bed—not even a little straw—and no food but an occasional cake of coarse bread and a jar of water, brought by some pitying relative, or, oftener, by some pious Muslimeh in fulfilment of a vow, made, perhaps, like that of Samuel's mother, in connection with her domestic relations. The government provides nothing for the Asylum but a warden to open and shut the doors; for though a physician is annually appointed, his place, for which he receives a salary of *six dollars and a quarter* per annum, is a sinecure, as he never enters the building. Here, cut off from every social tie and deprived of every physical comfort, their bodies fettered with iron, and their spirits goaded to the very blackness of despair by the cruelties they suffer, the wretched maniacs sink into drivelling idiocy, and in this state are restored to their friends, unless death earlier release them from the inhumanity of man. In this Asylum none recover.

Stone in the Bladder is a frequent affection amongst children, depending, no doubt, on the long-continued disorder of the digestive organs during, and subsequent to, the period of dentition. I do not remember having met with a case in an adult, unless it had existed from childhood.

Tape worm of both species is very common, a large proportion of the population suffering with it. There is no native remedy of any value known. The bark of the pomegranate root—a shrub which grows here everywhere—has obtained considerable celebrity in England and some other parts of Europe as a remedy for the expulsion of these worms; but after the most careful trials with it, I have found it entirely worthless. I often prescribed it for my patients soon after I came to the country, as it was within the reach of all, and every person who used it assured me it had no effect whatever. I afterwards had the bark brought to me, and the infusion prepared before me according to the formula used by the English physicians, but with a like result. Some time later I determined to give it a more thorough trial on two natives, domestics in my own family, suffering with these parasites. I prepared the infusion myself, and made it of double the officinal strength; and to prevent deception, I administered it in person, and continued it until

I lost all hope of its doing any good. A few days subsequently I gave to these patients a mixture of oil of turpentine and castor oil, and both discharged several yards of *tænia*. I had prescribed the same treatment with most of my other patients, to whom I had first given the pomegranate infusion, and in most cases with the same success.

Hydrophobia is rare in Damascus. I am informed, on inquiry, that a Jew was bitten here about three years since by a rabid dog, and died a few days afterwards of hydrophobia, but that no other case has occurred for many years. The disease is said to be common among the Arab tribes near here. It is known among them and through the country generally by the term *keleb*, or dog malady. Nine years ago this present season, seventy persons died of hydrophobia in Hasbriya, a large village under Mount Hermon, and many others in the neighboring towns. Since that period no case has happened in that district. In the autumn of 1847, an animal, which the natives called a wolf, suddenly rushed upon some muleteers near Makkeen, a village on the western side of Lebanon, and bit two of them more or less severely, and also several mules and cows near them; he then ran some distance, and meeting two other men bit them both, and turning into a house which was near by, furiously attacked the inmates. The owner of the house happening to be at home, seized some implement and despatched him, not, however, until he had bitten him in several places. A few days subsequently, three of the four first bitten died of hydrophobia, and about three months afterwards the one last attacked—the other is still living, and never has suffered any inconvenience from the bite. Several of the mules and cows which were bitten, died with symptoms of canine madness.

Purulent ophthalmia prevails here epidemically every summer, but is less severe in the city than in the neighboring country villages, where very few of all the inhabitants escape an attack. The disease is called by the natives *ramad*, a word derived from the same root as that for ashes—thus named, perhaps, because the eyes feel as if filled with that substance. Whether this disease be the same as that known by the name of Egyptian ophthalmia, I know not; certainly it is less virulent in its effects than that is represented to be. It generally commences with an itching in one eye, which is soon after followed by redness and tumefaction; the swelling rapidly increases, the whole cellular tissue around the globe of the eye becomes infiltrated, the lids are forced out prominent beyond the socket, and have a clear transparent appearance like a membranous sac distended with serum; the tarsi are usually rolled under on the intensely-inflamed conjunctivæ, and an acrid sanious secretion is discharged copiously from the organ, which inflames and excoriates the cheek over which it passes. In some cases the lids are everted, exposing a considerable part of their internal surface, giving to the patient a frightful and repulsive aspect. On the second day the secretion of pus becomes very profuse, so that if the swollen eyelids be separated, it gushes out as on the opening of an abscess. The pain during this period is generally excruciatingly severe, though sometimes entirely absent. The writer had an attack in the autumn of 1849, unaccompanied with any pain whatever, and the like absence of pain has been observed

in many other instances. On the third day the swelling of the eyelids begins to decline, the secretion of pus is less abundant, and the sight is partially restored, and at this stage the inflammation usually commences in the other eye, which passes through the same phenomena as the first. On the fifth or sixth day the conjunctiva of the eye first attacked becomes clear, and the organ is restored to its functions; and about the tenth or twelfth day from the first appearance of the malady, the patient is well. This is the ordinary course of the disease when rest and proper cleanliness are observed, and during its progress topical applications to the eye do no good, but on the contrary often occasion much mischief, increasing the pain and protracting the inflammation. A few leeches applied to the temple will sometimes mitigate the pain, and on the decline of the tumefaction a brisk cathartic will hasten the cure. The malady, however, does not always terminate so favorably, some patients suffering greatly from remaining inflammation of the conjunctiva, after the termination of the acute stage. The vessels of this membrane continue turgid with blood, the secretion of pus is still profuse, forming layers which adhere closely to the globe of the eye, and which are from time to time rolled into shreds and thrown off by the motions of the ball, to be successively replaced by others. The intolerance of light is extremely great, and yet, as night approaches, the sufferer's pain becomes agony, and unless speedily relieved, a complete disorganization of the eye soon follows. In this form of the disease a strong solution of nitrate of silver (ten grains to an ounce of water) gives in many cases the most prompt and decided relief, while a solution much weaker aggravates all the symptoms. Several doses of calomel and morphia will usually allay the inflammation in a short time, and in many cases nothing but opiates can relieve for a moment the patient's torture. In a few of the worst cases which have fallen under my observation, I gave the patients small doses of calomel every three hours, rubbed up with the common Seidlitz powders, and in every case, as soon as a slight mercurial effect was produced, which always happened in a few hours, the inflammation subsided.

It is not difficult to understand what are the principal agents in the production of this affection, For several months in summer the sky here is not curtained with a cloud, and the sun shines with intense brilliancy; and as there falls no rain during this period, the soil becomes so dry that the lightest breeze fills the whole atmosphere with fine particles of dust, which enter everywhere and penetrate everything. The eyes being constantly irritated by this, and by the overpowering light of the sun, and rarely feeling the genial influence of water, become inflamed; and when this disease is once developed, it is propagated rapidly by contagion. Of its contagious character no one can doubt who has carefully watched its progress through a community; but my space will not allow the discussion of this question here.

Leprosy, *Lepra Arabacum*, though not a disease of Damascus, yet as this city is the rendezvous for those afflicted with it from all the surrounding country it may claim a brief notice in our sketch. But two cases of this frightful disorder have fallen under my notice in the in-

ipient stage, and in both these it commenced about the face. Large tubercles of a livid appearance showed themselves on the alæ of the nose, on the lips and eyebrows, and about the ears, which rapidly increased until the whole face assumed a swollen and unnatural aspect; the ears stood out from the head, the cheeks became thickened and puffed, the forehead studded with large shining tumors, the eyelids were distorted, the eyelashes and brows fell off, the beard no longer grew, and the countenance lost all traces of its former lineaments. Soon afterwards the hands and feet also became covered with tubercles, which soon extended as high as the knees and elbows, and the limbs lost much of their sensibility. In both these cases the digestive organs were apparently in a healthy condition, their tongues were clean, their appetites good, and their bowels regular; their sleep, also, was natural and refreshing, and the only inconvenience complained of was the stiffness and numbness of the parts affected. The pulse in both was uniformly slower than natural. While the disease was at this stage, I lost sight of both these patients, and of their subsequent history I know nothing. I have seen many in a more advanced stage of the malady. In some the fingers and toes at the joints were covered with blisters and ulcerations, and appeared withered and dead, and about to fall off, the nose entirely destroyed, and a most horribly offensive ichor running from the carious bones and putrid flesh within; the voice either deeply sepulchral or entirely lost, and the fetid breath gurgling through the thick mucus which filled the lungs and which these organs seemed no longer to possess sufficient sensibility or power to expel. In others the fingers and toes had all fallen off, and the skin on the legs and arms was thickened and chapped into deep fissures, and covered with a dark scurf, and both sensibility and locomotion were entirely lost. Many, however, do not lose the power of walking after they have lost their toes, as most travellers well know who have visited Jerusalem and some other places in the Holy Land. At Nabulus I have twice met with as many as fifteen walking outside the city, with only the stumps of their feet remaining; without fingers or noses; the beard, brows and eyelashes all gone, and their countenances so disfigured that the male could hardly be distinguished from the female, holding up before me their mutilated arms, or beating with them upon their naked breasts, their bestial-looking eyes turned up to heaven, and in voices that sounded as if they issued from the graves amongst which they were standing, or in frightful whistling whispers from those who had lost the power of articulation, pleading for charity—presenting a group of disease and human wretchedness as loathsome as man ever looked upon. After the loss of the fingers and toes, the disease apparently often remains stationary for several years, there being now in the lazarettos of Damascus several who were there on our coming to the city five years since, in the same condition as at present, though it sometimes destroys its victims in a few months. A Bedowie came here from Safed who had there taken the malady, and who died in less than a year and a half from the time it first made its appearance. In this case the patient's lungs and trachea became so obstructed with mucus that he died of

asphyxia. In all instances the mind seems as torpid as the body—the miserable sufferer evincing little concern about the progress or issue of his incurable malady—a beneficent arrangement of Providence, for were he alive to all the finer sensibilities of humanity, and doomed to see himself dying piece-meal, without hope of relief, an object of loathing to all his race, it would be difficult to conceive a mental state more replete with horrors.

The cause of this affection is exceedingly obscure. The Jews here attribute it to sexual intercourse during the menstrual period, in proof of which they say that no Jew ever takes the disease—their law strictly forbidding the approach of the sexes at such times. This opinion needs no refutation. Nor is it owing to a residence in any peculiar locality, as the victims of it now in Damascus are from the sea coast, from high, cool mountain regions, and from the great plains inland. That it is sometimes hereditary, seems the opinion of all the native physicians, and the writer saw at Nabulus a mother and her daughter both leprous, the latter apparently not more than 10 years old; but that it is always, or generally so, is doubtful. I have repeatedly made the most careful inquiry of those in the lazarettos at Damascus, and have always been assured that none of their kindred suffered with the disease. Last summer, while residing in the mountains of Anti-Lebanon, I saw two cases of leprosy in two neighboring villages, one a Muslim, the other a christian; and if the testimony of all the inhabitants of the villages can be depended upon, in neither family had it ever occurred before. And were the children of leprous parents generally to take the malady, it would be far more prevalent than it is, as not a few of them have considerable families, and some of their offspring are born after their mothers have lost their fingers and toes. A woman in one of the lazarettos here, not long since, bore an illegitimate child when in this situation.

The disease is under no circumstances contagious; the lepers eat, drink and sleep, and mingle freely in all the occupations of life, with the people of the city, yet no one ever contracts the disorder, nor has any fear of doing so. As to treatment, nothing seems of any value, and this conviction is so firmly fixed in the minds of the native physicians, that no effort is made to remove it, or to check its progress, but the wretched victim is abandoned to his fate. In one case not very far advanced, I had the patient some months under my care, and tried a great variety of medicines, such as arsenic, mercury, cantharides, sulphur, and some others, but all to no purpose; and since then neither my inclination has prompted, nor my time permitted me to make experiments.

[To be continued.]

THE MOTIVE POWER OF THE BLOOD.

[Communicated for the Boston Medical and Surgical Journal.]

An apology is, perhaps, necessary, for occupying valuable space in the pages of the Journal with mere expostulations against the misapprehensions of correspondents—perhaps even of its editor—in regard to the pur-

pose and import of a late communication, in a matter relating to Dr. Cartwright's correspondence with Mrs. Willard. Will the readers of the *Journal* bear with me for striving to correct these misapprehensions?

In the first place, the opinion could not have been fairly inferred from my communication, that I doubted the facts stated in relation to the dissection of the alligator—that, at the termination of the hour, after the tying of the trachea, it exhibited no apparent signs of life—that the phenomena in relation to the circulation, following inflation of the lungs, and the struggles of the animal, were truthfully stated. But it is true that I saw nothing in all this to confirm the theory of Mrs. Willard, that the motive power of the blood is in the lungs, and not in the heart—and I asked, of those who might be able to explain, for the *rationale*. It may be contumacy—or even a less creditable characteristic, stolidity—but I can see no propriety in dethroning the heart, which has so long very *palpably* exercised the office of giving a “chief” impulse to the blood, till its successor shall have exhibited proofs of prowess equal to the emergency. Fulton never jilted canvass, till he had made very considerable improvements on the tea-kettle.

Admitting the yet unproven fact that “calorification” (a process, by the way, in the animal organization, which is itself yet imperfectly explained) may proximately impel the blood in its return from the lungs to the left auricle; does it follow that a like agency impels the blood, in its return from the extremities to the right auricle? If not, where is the gain to the main question of “motive power,” by merely proving the first proposition? Does it account for the impulse necessary to carry the current from the right ventricle, and distribute it through the lungs—or even from the left ventricle, through the aorta, to its terminations?

I said I was tempted still to think it all a “hoax.” The term “hoax” was obviously *not* applied to Dr. Cartwright's account of the dissection, but to his inferences in favor of Mrs. Willard's theory, and to his extravagant laudation. I trust it will be equally obvious that even this was said sportively, rather than offensively.

I hope I am not querulous—nor unmindful of the honor, even of a rebuke, *on the pages of the Journal*; but I have neither time nor capacity for labor on *the correspondent*, who is obviously beyond the reach of anything short of the “aurora borealis.” When I find I have done injustice to the discovery of Mrs. Willard, whose character for talents and learning is too well established to be influenced by the failure of her theory of “motive power;” or to Dr. Cartwright's illustration of that supposed discovery, who is also infinitely above dependence on these results for high professional character, *they* will find me neither reluctant nor tardy in making the *amende honorable*.

St. Albans, Vt., Feb. 21, 1852.

J. L. CHANDLER.

CURVATURE OF THE SPINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Allow me, through the medium of your *Journal*, to call the attention of the medical profession to a few observations upon the treat-

ment of curvature of the spine, and the effect of an apparatus invented and used by me for the last three years. The treatment has aimed not only at a removal of the deformity, but to effect a perfect and permanent cure.

I am aware that various modes of treating this difficulty have been brought to the notice of the profession, and they have been recommended as very efficacious; yet, upon trial, very few indeed have been restored by their use. The failures (I had almost said the constant failures) of those who have attempted to treat this class of cases, have given the medical faculty an impression, and very justly, too, that but little if anything can be done to restore a case after the curve has made any considerable progress, or has existed for any length of time; almost every patient I receive informs me that they were so advised by their physician. Notwithstanding the failures, the disease is on the increase, and the number of sufferers demands of the profession a vigorous and continual effort to devise some effectual mode of relief. It would be quite unphilosophical to say that there is no remedy for lateral curvatures, and no member of the profession would be willing to make the assertion; yet the advice to our patients is based on such an assumption. The leading object in what follows, is to do away with this impression.

After several years' experience in treating curvatures by apparatus, and by various modes of exercise, the conviction was forced upon me, that in order to do it with any degree of assurance, it was necessary that an apparatus should be so contrived that it would not only remove the deformity, but it should at the same time leave all the muscles free to act, and the patient under the necessity of using them to balance and support the body as fully as without the aid of such appliances; also, that it should be so planned (in order to make that progress in the recovery, that would be satisfactory to the patients and their friends) that it would effect as much during the sleeping as the waking hours. It is desirable, likewise, that the apparatus should admit of walking and riding, and that, too, without attracting attention by the singularity of the figure, as this circumstance would effectually prevent many sensitive females from using it in the street. Again, for the furtherance of the recovery, the instrument should not be fixed or stationary in its adjustments, but should possess elasticity, so that, if the form yields, the apparatus would follow up and exert nearly as much force upon the curve as it did before it had yielded in any degree. Finally, if there could be an apparatus so constructed that, when applied to the perfect figure, it would produce a fac simile of a lateral curvature, it would appear very conclusive that it was adapted to remove a real one.

The profession is capable of judging how far these objects have been attained by any apparatus with which they are acquainted. The instrument invented by me secures most, if not all the objects heretofore enumerated as desirable. In theory, it appears capable of *curing* any uncomplicated case of lateral curvature; in practice, it has been fully sustained, so far as the treatment of about seventy-five cases can cor-

roborate it. I think it can be said, with perfect safety, that it has been more successful in removing curvatures and restoring the original form than any other apparatus or mode of treatment.

When I speak of a case of curvature being cured, I mean not only that the form was restored, but that it thus remained without the apparatus; that the spinal column was in its natural position, and continued so without the aid of tape corsets, or any artificial support. I make this explanation, because I believe it is customary for most persons treating curvatures, to speak of them as cured, when their figure is regular with some form of corsets that exhibit a perfect exterior, without any reference to the body they enclose; and it is not uncommon to see patients who are reported as cured, but expect to be under the necessity of wearing these supports for the future. In any other department of surgery, cases so relinquished would be considered only as relieved; they ought so to be in this.

In my next, I will give you the result of treatment in several cases.

Millbury, Mass., Feb., 1852.

HENRY G. DAVIS.

PIORRY ON AUSCULTATION AND PLEXIMETRY.

TRANSLATED FROM THE FRENCH BY M. M. RODGERS, M.D., ROCHESTER, N. Y.

IN offering to the profession this little work, I ought to say, that in general, manuals in medicine are bad books. The memory retains little enough from books in which facts are given in detail and with exactness. We cannot, therefore, content the mind with recollections of these incomplete documents, and confused, meagre compilations. The Faculty of Paris is so well convinced of this fact, that in the examinations and concours they avoid putting questions in accordance with manuals of pathology; and the candidate for graduation, who limits himself to the study of these abridgements, may justly dread the day when he is to be proved by his knowledge.

Pleximetry holds an important place in diagnosis. It often indicates the nature and power of the treatment necessary in lesions of various organs. It is not, however, alone in the pathological, but also in the normal condition of parts, that it is useful; and also in studying the anatomy and extent of organs, &c. Those who are deprived of the art of percussion, can know very little of the true state of diseased organs, and are liable to be deceived in the results of their diagnosis, as well as prognosis and treatment.

Nothing is more simple than pleximetry. It is needless to remark, that all the organs of the body must yield a sound, and tactile sensation, exactly in relation to their peculiar structure and density. Who does not know, that each metal, each variety of wood and stone, yield a sound on being struck, according to their density and the arrangement of their molecules? Is it not on the same principle that we recognize a piece of metal as being lead, iron, copper, silver or gold? Is it possible that the bones, cartilage, muscles, face, lungs, liver, &c., of which the structure is so different, and of which the surface of each is rendered solid

by the pleximeter, should not give acoustic and tactile sensations widely different? The smallest experience in percussion with the pleximeter, made immediately to the parts, will prove this.

By percussion, an experienced hand may distinguish even shades of sound more numerous than a novice could imagine to exist. So far from exaggerating the results which I have obtained, I have often stopped short of the truth. There is not a single case which I have explored in this way, which has not furnished useful results.

From whence came the objections against the pleximeter, which have so long retarded the progress of this branch of medical science? Only from those who do not know the use of this instrument, and who consequently cannot appreciate its value in diagnosis; from those, who from the commencement have used only the fingers, as a medium of percussion. Truth rests upon facts, and utility must come from it.

It is true, that pleximetry has some difficulties; the pleximeter is a musical instrument, and, like all others, requires dexterity in its use, to produce practical results. Leitz and Paganini, spent a long time in acquiring their respective skill in execution on the piano and violin; and it is almost incredible to see some sage physicians constitute themselves judges of the pleximeter, who never could be persuaded to use the instrument. The time required to learn percussion by practice, whether long or short, no one will regret after having acquired the art. An infinitude of facts will be attained, both in relation to diagnosis and therapeutic indications. The appreciation of the form and volume of the liver, spleen or kidneys, or any other organ, may be of great value.

Messieurs Charbeau, Bussine (Despaulx-Ader) members of the commission named by the Society of Medicine, of the first Arrondissement of Paris, have established the effect of common salt (*mur. soda*) in intermittent fevers and engorgement of the spleen. They arrived at the same results with myself, after much difficulty. They spent a month in the most laborious and patient researches, and practice, and closed by acquiring great skill in the use of the pleximeter. They arrived always at the same results, in relation to the limits of the organs; nor did they fail, afterwards, to make their dexterity of utility in practice. If such examples were followed by a large number of physicians, the greater part of my doctrines would be admitted; for I do not fear to affirm the logical expression and consequences of absolute facts—viewed and reviewed a hundred times, without reference to preconceived opinions. The medical profession should study with no other interest than that of truth. When the day shall arrive in which learned physicians shall attain skill in percussion with the pleximeter, they will renounce the idea of the individuality of disease, and study with extreme care, the following points.

1. The multiple lesions existing in disease.
2. The material causes of these lesions, and their direct effects.
3. The secondary causes, and their coincident effects.
4. The manifest, appreciable relations between the primitive phenomena and consecutive accidents.

[To be continued.]

IMPERFORATE ANUS—OPERATION—DEATH—AUTOPSY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I am induced to send you the following account of a case of imperforate anus, as, if I had seen a similar one published before the occurrence of this, it certainly would have had an influence in urging an earlier operation. In the following number of the *London Lancet* (for May) there was a case published which must have been similar to the one herein detailed, and in which the operation no doubt saved the child. This case is the more instructive, as the post-mortem examination revealed the state of the colon and rectum.

I attended a lady, the mother of several healthy children, in her confinement on the 5th of April last, who was delivered of a fine, plump-looking boy, and to all appearance perfectly developed. On calling the next day, the mother and child appeared to be doing well. To my inquiries, however, the nurse stated that nothing had passed its bowels. A slight laxative was ordered, with directions to use injections by evening if nothing passed. The second day, nothing having passed, and the nurse not being able to inject anything, I was led to examine the rectum. I could pass my little finger into the anus without difficulty, but after passing about three fourths of an inch it met with firm resistance, appearing to terminate in a cul-de-sac. The nature of the case was now made known to the mother, and the only means of relief, an operation, was proposed; but as her husband was absent, she declined having it done until his return. Circumstances prevented this until the evening of the seventh day. He at first declined an operation, but seeing how well the child continued to be, and after consulting a neighboring surgeon, he consented to have an operation performed on the morning of the ninth day. I made use of a *trocár and canula*. After passing the trocár through the canula, I withdrew it, but no meconium followed. Having pushed up the canula into the opening made by the trocár, I again inserted the latter and withdrew it, when the meconium followed in abundance. The child made no cries, and seemed to be relieved by the operation. But very little blood was lost. Yet the child died in about twenty-four hours.

The parents being very intelligent and well-informed, kindly consented to an examination, which was had the next day. On laying open the cavity of the abdomen, the colon was found adherent throughout its course upon the left side to the internal walls of the cavity of the abdomen. The abnormal state of the rectum was now seen to consist of a fleshy-looking mass, interspersed with fat and cellular substance, which made it resemble the muscular tissue of other parts, and to close up the rectum for the space of about an inch and a half. Upon examination it was found the trocár had gone directly through the centre of the mass, and was perfectly successful, so far as the operation was concerned. It was observed that there was a fetid smell to the urine the day before, and there is no doubt that the means of relief were too late.

Now what would be the result in these cases if they did not immediately prove fatal? The appearance of the mass certainly indicates

that there would be a constant tendency to adhere together again, and the necessity for making repeated dilatation of the opening. Would a mucous membrane be formed ultimately? and if so, would there not most likely be a permanently-strictured state of the rectum?

There seems to me to be an impropriety in calling these cases *imperforate anus*, as the parts involved are above the anus; and in doing so, I have but followed the lead of others. Respectfully yours,
Holyoke, Mass., Feb. 10, 1852. A. BRYANT CLARKE.

EPULIS.

[Communicated for the Boston Medical and Surgical Journal.]

THE maxillæ are not exempt from extraneous growths, but they are rarely the seat of malignant tumors. Epulis, *epi oulon*, an hypertrophy of the gum, is the accidental formation to which the jaw is most liable. The tumor displaces the teeth between which it commences, or involves by its extension two or three of the contiguous teeth. The growth at first is indolent and devoid of pain, and increases very slowly. While small it is not liable to hæmorrhage, and gives no inconvenience but from its untoward position; but its increase is not limited, and it may attain an enormous size. When long standing and of great extent, it may become the seat of noisome ulceration or of malignant disease. Its thorough extirpation should not be delayed.

A rare example of this tumor occurred in the case of a colored woman, otherwise of sound health and free from constitutional or hereditary disease. It was situated upon the symphysis of the lower jaw, and at the time of removal had attained a size somewhat exceeding a walnut. The pedicle of attachment was smaller than the tumor, and its substance overspread several of the adjoining teeth. It was deemed prudent in its excision not only to denude the bone, but to remove a portion of the alveolar process. To accomplish this neatly and expeditiously, a pair of bone forceps of a peculiar form were designed, having the cutting part so constructed as to operate in a horizontal direction, making the plane of the incision at right angles with the shaft of the instrument. The removal of a tooth at each extremity of the tumor was followed by two vertical incisions, and the entire growth was removed with but little loss of blood. On inspection, the apodosis justified the protasis. The substance of the excrescence was of a dark pink color and fibrous texture, arranged, unlike scirrhus, in curvilinear lamellæ, similar to the coagula of aneurism. It probably contained a large proportion of albumen highly charged with water, shown by its shrinking and corrugation on immersion in alcohol. A cursory examination detected none of the granular matter of cancer, and the arrangement of the stromal layers classified it among the simple non-malignant sarcomatous, or fibrous tumors. Considerable time has elapsed, with no return of the formation and no production of the disease in another shape; these circumstances, with the absence of any constitutional contaminated diathesis, and its exceeding slow increase, make it quite certain that the

growth was of the homologous kind—the counterpart of healthy and natural textures.

Transcendental anatomy alone can afford anything approaching an explanation for the departure from established morphological laws, and the usual structure and constituency of normal accretions. To call an adventitious growth a lesion of nutrition, or perverted nutrition, approaches in no degree the primal cause.

A circumstance worthy of remark in this case, was the unusually irritating effect of the vapor of ether upon the respiratory apparatus. The reflex influence of the par vagum, by means of its pulmonary plexus, upon the laryngeal branches, produced spasmodic contraction of the glottis to such an extent as to suspend respiration and frustrate anæsthetic inhalation. Sometimes failure arises from too sparing administration of ether. A more liberal application will overcome the disagreeable symptoms, and tranquillize the suffocative spasms. Imperfect etherization produced the usual fantastic effects of partial intoxication rapidly induced. The motor centres, released from the control of reason, uttered unconscionable and antagonistic mandates, which the members found difficult to execute and accomplish; and these bizarre impulses threw the fleshy tabernacle into singular and notable contortions. While the cerebrum “all as frantic, which some believe the soul’s frail dwelling place, did, by the idle comments that it made,” indicate, in prating lunacy, some most curious traits of the African race and blood.

February 13th, 1852.

E. SANFORD.

HINTS ON CANCEROUS AFFECTIONS.

BY PROFESSOR W. STONE.

IN the October number of the “Register,” I called the attention of the profession to the use of the phosphate of lime and nitrogenous diet in depraved states of the system in scrofulous diatheses. Now, as it is believed that true cancer never occurred in decidedly scrofulous subjects, it is fair to infer that an opposite course of diet is more appropriate; and it is very probable that by directing our attention to the subject, we may fix upon some agent that will aid in arresting the progress of this dreaded disease. Experience has shown that the least nitrogenous diet is best in this disease. In the memoirs of the celebrated Nathan Smith, written some twenty years ago by his son, Nathan R. Smith, of Baltimore, are found the views of this remarkable man, which were based purely upon observation, without a chemical idea to theorize upon. His diet for this disease was vegetable; and of this he thought green corn the best. A case is related of a lady on whom he operated for a very large cancerous breast, involving the glands of the axilla. It was in the season for green corn, and the patient was put upon this article of diet. Sufficient was gathered when in the milk, and dried, to last until the season returned, and this made soft by boiling, and used with little or no seasoning. He states that whenever she attempted to return to her usual diet, she experienced shooting pains in the part, but, finally, after two

years, she gradually changed her diet. The notice of this case was given seven years after the operation, and there was no appearance of a return of the disease. Corn in this State contains, I believe, more phosphorus than any other vegetable, but whether this renders it more suitable to this disease, I am not prepared to say. Prof. Bigelow, of Boston, relates a case in which diet kept a cancerous affection dormant, at least, for many years, or rather he states that it was gradually getting well. This was the case of the late distinguished surgeon Amos Twitchell, of Keene, N. H., with whom I was well acquainted. I dined with him in 1848; he furnished a good dinner for his guests, but dined himself on milk and berries. Vegetables of the blandest kind constituted his main food, but I do not think he confined himself to any one article. The disease was seated in the inner canthus of one of his eyes, was removed many years ago with the knife, but the cicatrix soon took on the same degeneration, and he relied upon diet; and although it might appear to a gourmand a very meagre diet, he was able to undergo more fatigue at the age of 64 than many young men. I mention these cases not as being remarkable in themselves, but because they illustrate the effects of diet, and at the same time cover the views of two medical men remarkable for their powers of observation.

As a remedy to be given in aid of diet, I think arsenic, with our present knowledge, is the best. There was an able article in the London *Lancet*, I think in the fall of 1849, on the use of arsenic in lupus and canceroid diseases, which was interesting because it showed how it should be given to be useful. The preparation used was Fowler's solution, in doses from two to five drops, and continued for a long time. The writer also called attention to the fact that instead of increasing the dose after long use, it should be diminished. I have always contended that alteratives, to be useful, should be given in such doses as will not disturb the natural functions. The solution is advised in such doses as will permit its use for an indefinite length of time, without producing any manifest specific effects. I have great confidence that this, together with diet, will exercise a very salutary influence over this dreaded disease.—*New Orleans Monthly Medical Register*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 3, 1852.

Preparatory Medical Schools.—Since the recommendation of the American Medical Association, that preparatory instruction should be provided for students, of a more elevated character than they have been accustomed to receive in private offices, a number of excellent schools have been organized, some of which are quite equal to many of the regularly constructed colleges of medicine. Reference has been made on a former occasion to those in Boston and other places, which are exceedingly prosperous. They begin to exhibit a commendable ambition in the Southern States to provide equal facilities—which our professional brethren in that

direction are abundantly able to do, for there are no where better read or more accomplished medical gentlemen than in the Southern sections of the Union.

Among the most recent of these auxiliary schools, that at Charleston, S. C., demands a special consideration, and we cordially recommend it to the patronage of our readers in that direction. The names of Drs. F. T. Miles, J. D. Cain, F. P. Porcher, E. B. Flagg, are given as its managers. The regular course of instruction will commence on the first of April, and close the last Saturday of July.

Welfare of the Medical Profession.—This is a part of the title of an address delivered at the Rush Medical College, by N. S. Davis, M.D., one of the Faculty of the Institution. The author is one of the originators, if not the originator, of the American Medical Association. We have a distinct recollection of his urgent appeals to the profession, and of the ability and perseverance which ultimately accomplished the great idea that he had long entertained, of concentrating the medical efforts of the United States. A man who could marshal such a force, and bring about such results, must possess original qualities; and in the discourse before us, Dr. Davis has written with energy, and like a philosopher, too, on the dignity, honor and welfare of the medical profession. He does not appear alarmed at the enormous increase of physicians; he regards, in mercantile language, the quality more than the quantity; but unless a high standard of preparation is rigidly maintained by the schools, the people may be quite as much alarmed as those who are in dread of competitors in the field of business. There are some historical memoranda introduced, which are very striking and very true, to show what has been the character of medicine in the ancient seats of civilization, and what it now is, in the dark triumphs of moslemism in those same countries. Dr. Davis could not produce an uninteresting paper, since the current of his thoughts is always indicative of activity, freshness, and a hearty determination to devote his powers to the honorable advancement of a profession, to which he is himself an honor.

Discontinuance of another Medical Journal.—A. Hall, M.D., editor of the late British-American Med. and Physical Journal, published at Montreal, announces the discontinuance of that spirited and valuable publication. He had a plenty of patrons, but they were such poor paymasters that it was impossible to sustain the Journal any longer. It is a disgrace to the profession in the Canadas, that a periodical of so much character and utility should have been starved to death. It will be discouraging to any projector of another Journal, since its destiny must be feared, if not clearly foreseen. Dr. Hall has achieved a reputation that commands the respect of the brotherhood all over the world.

We notice that several of our exchanges have recently made grievous complaints, in their own case, of the evil which has put an end to the above-named work. Why is it that payment for a periodical is often considered a matter of so little importance, that it may be attended to or neglected, as happens best to suit the individual's convenience? We know from our own experience—although we have perhaps as little cause to complain as any of the craft—that there is frequently shown a want of principle in this matter, which is unworthy at least of the members of a liberal profession.

Pennsylvania Hospital for Insane.—Here is the eleventh report of the Pennsylvania Lunatic Hospital, that seems to have been in existence but a very short period; but there is no concealing the fact that time will make all alike venerable, both hospitals and their managers, in its rapid course. But there is this difference between men and the charitable establishments they organize; the one become feeble by age, while the other grow strong. Improvements are retained and appropriated to advance science, the arts and humanity; but the intellect, that develops and directs all, passes away. But as moralizing may be considered here out of place, we proceed to say that Dr. Kirkbride's report to the managers is a plain, business-like document, in which the statistics of the hospital are properly explained. He complains, as all the other medical superintendents do, throughout the Union, that the institution is crowded. By building auxiliary establishments, the anticipated relief does not seem to be realized. Madness is increasing; and some believe that many men ought to be confined, now at large, who are crazy in trade, in politics, and on various other subjects. There were 417 patients under care in 1851. The largest number at any one period was 243. There were cured, 107; much improved, 13; improved, 32; stationary, 23; died, 26. Dr. Kirkbride says the premature removals were less frequent the past year than formerly. It seems that even in Pennsylvania the friends of patients are indiscreet, and remove the insane too soon, before a fair effort for their restoration has been made. A large portion of the pamphlet is devoted to the consideration of miscellaneous topics connected with the hospital, and which have a bearing upon its character and comforts. It appears from Dr. Kirkbride's tables, that farmers stand at the head of the list among those who become insane, and merchants next. Those without occupation are fearfully in danger of madness. Seamstresses, and the daughters of farmers, among females, appear to suffer greatly from diseased minds. A full proportion of foreigners occupy the apartments. It would be a curiosity to ascertain the number of foreign lunatics now provided for at the public expense in the United States.

Ship Fever.—Alarm is evidently gaining ground in New York, and not without reason, at the spread of this disease among the inhabitants, which has already carried off several physicians and their assistants in the public institutions. Dr. Doane's death is a melancholy illustration of the progress and fatality of a fever that spares neither young nor old. The question is agitated, what is to be done? If the fever extends itself in cold weather, what may not be apprehended on the return of summer heat, when death's arrows invariably fly with more rapidity, if an epidemic tendency exists in the atmosphere? While ships are floated across the Atlantic with such great numbers of human beings as ordinarily constitute a profitable freight, without a modification of the interior with reference to perfect ventilation, just so long will ship fever defy all ordinary medication, and keep the principal ports, into which the emigrants are introduced, in a state of alarm which neither municipal ordinances nor Legislative action can do much to control. The origin of the difficulty lies in foreign ports, and we are obliged to suffer the consequences. If the General Government would utterly forbid the landing of emigrants, brought in vessels not prepared in accordance with enlightened and humane regulations, the British Parliament would soon comply with our laws, instead of

encouraging their paupers to rush to the land of freedom, but which often proves to them a premature grave.

Here in Massachusetts a movement is being made in the Legislature, with a view to organizing a general board of health, whose duty is understood to be to protect us against the introduction and spread of this ship-generated malady; but the laws are ample enough already, if legislative acts can be made of service. Let a new commission be created, and what possible efforts can they make beyond what has been heretofore adopted? A few more great dinners will be eaten at the public expense, and that will be the extent of their operations. The power, to be effectual, is to be applied to the ships before they sail from Europe, by restricting the number of passengers, as low as one to every seven tons, and introducing Mr. Emerson's system of thorough ventilation. With such a law we need have little anxiety in regard to ship fever.

Phosphate of Lime in Consumption.—When an account of Dr. Stone's success in the treatment of pulmonary consumption was first published, it naturally enough interested the profession, as well as the friends of those who were suffering, because it raised a gleam of hope in cases where none existed. The following facts have come to our knowledge, and may be considered favorable in regard to this method of treatment. A gentleman of the neighboring city of Charlestown, whose son was considered in a hopeless state from the diseased condition of the respiratory apparatus, was induced to administer Dr. Stone's medicine. All the phosphate of lime procured at the shops appeared to him to be imperfectly prepared—being coarse and otherwise objectionable. A purer article was prepared especially for the occasion, reduced to an impalpable powder, and ten grains were administered three times a day, followed by a swallow of cod-liver oil. No material change was discoverable in the patient for two weeks. Suddenly, as it were, a fixed pain of long standing in the chest then abated; sleep became refreshing, the appetite improved, strength returned, and from being moved about the apartment reclining on an invalid chair, he is now daily riding, on an average, ten miles, on horseback, facing the wind and breasting the cold with impunity. This is a synopsis of a case related by a grateful parent, who would be glad to have others, under similar circumstances, make an effort with the phosphate, combined with cod-liver oil.

The Study of Medicine not unfavorable to a Religious Character.—At Buffalo, N. Y., the medical class of the University, for some reason unknown to us—doubtless a good one—requested the Rev. Dr. Thompson, of that city, to preach to them. He complied, and his discourse, now printed, is calculated to enlarge the sphere of the author's reputation. He has taken the true ground, that physicians are not made infidels by studying the beautiful mechanism of the human body. They are accused of indifference towards the cultivation of a religious character; but that is equally untrue. Their pursuits, and the training of their minds, lead to constant and we trust profound contemplation of the works of God. If they have less to say, and figure in a more quiet manner in religious assemblies and local organizations, than others, it is not because they have less at heart the progress of Christianity, and the stability of those institutions which are based upon its abiding principles, but on account of their

Medical Intelligence.

peculiar vocation, which debars them from the privilege of engaging as zealously as others do in that respect. It is not necessary to multiply words to vindicate the medical profession from the aspersions ungenerously cast upon it in regard to religious negligence or unbelief, in consequence of the occasional appearance of infidelity in its ranks. Dr. Thompson has spoken seasonably, and in a manner that calls upon ourselves, if no one else, to thank him for the good service he has accomplished in vindicating the reputation of a much traduced profession.

Report of the City Registrar of Boston.—The Annual Report of Mr. Simonds, City Registrar, for the year 1851, is published. We have already given the number of deaths for the year. The following quotations relate to the births and marriages.

“Five thousand three hundred and thirty-eight births have been registered, namely, 2,788 males and 2,550 females; children of 1,757 American fathers and 1,805 American mothers; and of 3,392 fathers and 3,372 mothers of foreign birth; the nativity of 149 fathers and mothers being unknown.

“The intentions of marriage of 2,953 couples have been entered, and certificates issued; namely, 1,352 male and 1,366 female Americans; and 1,571 males and 1,587 females, natives of foreign countries.

“Two thousand eight hundred and sixty-three marriages have been recorded, the parties being in about the same proportion as to their origin.”

Medical Miscellany.—Dr. Andrew K. Smith, of Hartford, Conn., has been appointed Assistant-Surgeon in the U. S. Army.—Dr. Kerffer has been elected Mayor of Lancaster, Penn.—Smallpox is represented to be raging badly at Jamaica.—At Surinam, S. A., the yellow fever is again rife. A vessel on its return from thence to Boston, lost two officers and two sailors by it.—Mr. Clay, during his illness, has been constantly receiving boxes of pills, bottles and packages, from all parts of the country; each recommended as a sovereign cure.—One of the strong reasons why Dr. Martin should not be elected Governor of New Hampshire, says one of his political opponents, is because he once dissected a body!—The celebrated Cleaveland (Ohio) riot, at the Homœopathic College, was suppressed by calling out troops.—A lady of Ulster Co., has recently had 3 sons at one birth.—Mrs. Blanchard, of Ticonderoga, N. Y., 78 years of age, has cut a new set of teeth.

TO CORRESPONDENTS.—Communications on Sulphuric Ether in Difficult Labor, and on the Panama Fever, have been received.

DIED.—At Providence, suddenly, Feb. 22d, Dr. Leander Utley, 25 years a member of the R. I. Medical Society, and a highly respected physician, 59.—At Springfield, Ms., Dr. William H. Cleaveland, 55.—At Bloomfield, N. Y., John Dickinson, M.D.

Deaths in Boston—for the week ending Saturday noon, Feb. 23th, 75.—Males, 34—females, 41. Accidental, 1—disease of bowels, 1—inflammation of bowels, 1—disease of brain, 2—consumption, 20—convulsions, 1—cancer, 1—croup, 2—dysentery, 1—diabetes, 1—dropsy, 1—dropsy of brain, 2—drowned, 1—exhaustion, 1—typhus fever, 1—scarlet fever, 3—hematuria, 1—disease of heart, 2—infantile, 8—influenza, 1—inflammation of lungs, 3—marasmus, 2—measles, 1—old age, 1—pleurisy, 1—puerperal, 3—rheumatism, 1—scrofula, 1—scald, 1—teething, 5—unknown, 3—worms, 1.

Under 5 years, 30—between 5 and 20 years, 13—between 20 and 40 years, 13—between 40 and 60 years, 12—over 60 years, 7. Americans, 34; foreigners and children of foreigners, 41. The above includes 7 deaths at the City institutions.

Tremont Street Medical School.—At a meeting of the Students of this School, to take into consideration the most appropriate way of acknowledging the kindness of Dr. Storer, for his regard to their wants in the department of Medical Jurisprudence, and of expressing their high appreciation of the merits of his recently concluded course of lectures on this subject, a committee was appointed to draft resolutions embodying the thanks of the School, and at an adjourned meeting the following resolutions were unanimously adopted:—

Resolved, That the thanks of this School be presented to D. HUMPHREYS STORER, for his able, instructive and complete course of lectures on Medical Jurisprudence.

Resolved, That we gratefully recognize, in this kind attention to the wants of the medical student, a renewed exhibition of his indefatigable zeal and labor in behalf of the students of the Tremont Street Medical School, as also of his devotion to the science in which he is interested.

Resolved, That while we are mindful of the merits of one instructor, we are far from being insensible to the active and efficient exertions of the rest, in their respective departments.

Resolved, That a copy of these resolutions be published.

JOHN E. HATHAWAY, }
CHAS. A. ROBERTSON, } *Committee.*
WM. H. PAGE, }

JOHN M. BROWNE, *Secretary.*

Monument to the late Dr. John D. Fisher.—MR. EDITOR,—Soon after the decease of the late Dr. Fisher, a meeting was called of those who honored his memory, for the purpose of erecting a suitable monument to him. Though not a resident of the city, I felt it a privilege to attend the meeting, and afterwards to add my mite to the object. I have occasionally been reminded, on visiting Mount Auburn, of this undertaking in honor of one of the best of men and of physicians, and have made inquiries whether the design of that call had been accomplished, and if not, the reason of its failure. But thus far, neither act nor explanation has followed the appointment of the Committee, so far at least as I, one of the subscribers, have been notified. Did I recollect the names of the gentlemen comprising the Committee, I would not trouble your Journal for information; but in common, doubtless, with many other of your subscribers, I see no other way to learn the facts except by this public call. AMICUS.

On Arrest of Development as a Sign of Cretinism.—M. Baillarger read an essay in which he pointed out that two different opinions have been held by authors upon the nature of cretinism: according to the one, it is a form of idiocy; according to the other, it is entirely a state of physical degradation. M. Baillarger considers that he has reconciled these opinions by assigning one essential cause, an arrest of development of the organization. Thus, he has in a large number of instances ascertained that second dentition has been delayed to the age of eighteen to twenty-four years, and that the signs of puberty have been postponed to this age. The whole aspect, figure, &c., is that of a child eight or ten years, when they should be young men or women. This arrest of development points out the line of demarcation between cretinism and idiocy, as in the latter state the body is generally fully developed.—*Proceedings of the Paris Academy of Medicine, in London Med. Gaz.*

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DISEASES AND THE PRACTICE OF MEDICINE IN DAMASCUS.

[Concluded from page 95.]

THE practice of medicine here has made but little advance during the last two thousand years. The works of Hippocrates, Aristotle, Celsus, Galen, and others who were their contemporaries, form the hand-books of the physicians of the present time, and unfortunately these are but little studied, and imperfectly understood. A few, whose reverence for antiquity is not so great as to make them despise everything modern, have procured some of the Arabic translations of the French medical literature, published in Egypt under the patronage of the late Mohammed Ali, but they have so little education, are so ill qualified to take comprehensive views of the character of a disease, that the introduction of these exotics has hitherto been of doubtful utility. The physician fixes the name of the disease from some symptom more prominent than the rest, perhaps at a distance from the real seat of the disorder, and then goes to his book to find what medicines will cure it, and being thus introduced to many of whose power he knows nothing, he often employs, with a confidence which ignorance alone can give, agents which require the most careful management that can be secured for them even in an enlightened country, and not seldom to the destruction of his patient. I may mention one man, however, who is an honorable exception to the mass of the craft here, Mekhad Meshakeli, whose name is now known through the most of christendom as a religious polemic, whose acquirements would be considered respectable in any country, and considering the disadvantages under which he has labored, evince a more than ordinary degree of talent. Nor are his qualifications undervalued by his fellow citizens, as he has a much more extensive practice than any other native physician, and his business is steadily increasing. But the great mass of the profession know nothing beyond reading and writing, and many do not even know how to read.* Anatomy and physiolo-

* A Christian who could not read located himself in the Muslim quarter, and opened a shop as physician and druggist, and amongst other things furnished his room with a number of old Italian, French and English books, which he had picked up for a trifle about the city, pretending that though he could not read his native tongue, he was familiar with the learning of Europe; and in difficult cases he would pore over his old volumes with the gravity of a professor. He soon acquired the reputation of being a wise and learned man, and secured a good practice.

gy are entirely unknown, dissection never being practised, and having no anatomical paintings or engravings, they have no correct idea of the situation or character of the internal organs of the body. The practice of those who follow the old system, however, requires no knowledge of anatomy, as it consists almosts entirely of bleeding, enemata and the actual cautery. Bloodletting is carried to a most injurious extent, hundreds in this city annually falling victims to this practice. Besides general bleeding with the lancet, there are sold yearly in Damascus alone more than 800,000 leeches by one company, besides some hundred thousands brought in and sold secretly by others, making together over a million of these parasites, each of which is applied several times. They are used for every pain that "flesh is heir to." I have often seen them put upon infants two or three days after birth, for colic or some other trifling affection, and not a few children at this tender age bleed to death from their bites. Their oft-repeated application to weak, sedentary, nervous females, on the occurrence of the least pain or uneasiness, produces a constantly anæmic condition of the system, almost universal amongst the women of the city, and entails upon them perpetual weakness and misery. But it is in the treatment of intermittent fever that this system of medication is most injurious and widely destructive. The flushed and turgid face, the hot and dry surface, the throbbing temples and severe headache, the full, strong and rapid pulse, which generally attend the hot stage, all, according to popular opinion, call for depletion, and the lancet and leeches are both liberally used. On the return of the next paroxysm a similar train of symptoms recur, and again bloodletting is resorted to, and thus as often as the fever returns the patient's vital fluid is drawn off, until he is completely prostrated. The paroxysms are often arrested by this treatment, but the miserable victim becomes sallow and emaciated, loses his appetite, and dropsy soon winds up the account with him.

The other standing prescription of the physicians, enemata, possesses the negative recommendation that it is not capable of doing much injury; and it may often be beneficial. As cathartics are seldom given, almost all action of the bowels, especially in fevers, is procured by their means. The active ingredient is always the cassia fistula.

The last of the great medicinal agents, the actual cautery, is used to an extent that would shock the nerves of the people even of our cooler clime. It would be difficult to find a man, woman, or even a child many months old, whose head, body and limbs, are not scarred with the hot iron. I have seen in numerous instances a cauterization extending over the upper part of the forehead, from one ear to the other, quite through the scalp, for inflammation of the eyes; and half the children of the city have a large deep burn on the crown of their heads, for the cure of that universal disease of the young here, scald head. Though the cautery, like bloodletting, is used without much judgment or discrimination, it is a powerful counter-irritant and useful curative agent, and might often be advantageously employed in our more enlightened practice.

Damascus has but one native surgeon, a Muslim, who has no educa-

tion whatever, yet who possesses much skill in the operative department of the art. His forefathers, through several generations, have been surgeons-general to the Hadj, or religious caravans from hence to Mecca, and on the decease of his parent, he succeeded to the office; and he is now on his thirty-third journey to the tomb of the Prophet. He has under his care all the most important surgical cases which occur in a company of 30 or 40,000 men during a journey of four months annually, besides an extensive private practice in the city during the rest of the year; and possessing a steady hand and a good judgment, he has acquired much tact in the use of the knife. He has operated several times for stone in the bladder, since I became acquainted with him, and has been uniformly successful. His mode of operating is the ancient one of "*cutting on the gripe*." He introduces the forefinger of his left hand into the rectum, and while an assistant presses firmly upon the abdomen above the pubis, he hooks the stone with his finger and presses it down towards the neck of the bladder, making it protrude against the perineum. With a scalpel he then cuts down on the calculus, making the incision considerably larger than its diameter, and while increasing the pressure upon the stone through the rectum, he seizes it with a forceps or his fingers and extracts it without difficulty. Judging from what I have witnessed of this mode of operating, I think it attended with less danger in the case of children (and there are no other cases here) than the one commonly practised in Europe and the United States.

Midwifery is entirely in the hands of females, and it is only in the last extremity, when all hope of otherwise saving the life of the woman is lost, that a physician is called. Fortunately for the suffering sex, the pains of child-birth are trifling here in comparison with what is suffered by women in America. Were it otherwise, with the unnatural treatment to which they are subjected by the midwives, one half of them would die in parturition. The warmth of the climate seems to exercise an important influence over this process, so relaxing the female system that little resistance is offered to the passage of the child, and though the uterine pains are weak and apparently inefficient, labor in most cases is very brief; and were nature left undisturbed to fulfil her functions, but little suffering would be endured. But the *sages-femmes*, to show their skill and the profound knowledge they have of their art, interfere in the most unnatural and often barbarous manner, inflicting upon the woman the severest torture, and not unfrequently injuries, also, from which she never recovers.

But the skill of the midwives is not confined to obstetrics; it extends to the treatment of most female diseases, especially to cases of sterility—and it is in this department of their profession that their practice is most mischievous. Unhappily for woman, barrenness, in this "clime of the East," is a common misfortune, and as the subject of it can never hope to enjoy any domestic peace unless her "reproach" be taken away, and she bear at least one son to maintain the name of the family and to inherit the property and honors of his father, in bitterness of spirit she will submit to any treatment, however severe the suffering it

may involve, if it hold out any hope of her becoming a mother.* In such cases these harpies are never at any loss to understand the cause of the sterility, and to suggest expedients to remove it, and in their medication they often use means which nothing but the deep conviction that all her earthly happiness depended on its success would enable her to submit to; and when one experiment fails, as fail it must, hope whispers the trial of another equally painful, until her constitution is destroyed, and she sinks into the grave.† I have known numerous young, vigorous females fall victims to the cruel treatment of the midwives, and no advice would deter them from pursuing their rash experiments, until advice could no longer profit them.‡

With regard to the *vices* which more immediately concern our professional practice, a few lines must suffice. Houses of public prostitution, like those found in the large cities of Europe and America, do not exist here, owing rather to the peculiar state of society than to the superior morality of the people. Amongst the Muslims, the license allowed by their faith in relation to wives and concubines, and the facility with which they can divorce one and marry another, is so great, that they have no temptation to lead them from home; and the sons immediately after puberty are supplied by their parents with women, who are brought to the houses and kept as long as they desire them. These are always widows or divorced women. With the Christians and Jews, the easy morality of the married women, and the opportunities they have for criminal indulgence, is such that no public establishment would be frequented. There are, however, a few notorious public women in the city, but with characteristic gallantry these are always taken to the lodgings of the men who patronize them. Another peculiarity is, they all have legitimate husbands, as no woman would be permitted to pursue a licentious course who was not legally married.

Pæderasty is almost universal amongst the Muslim population of the

* The most prolific source of barrenness here is early marriages. A very large majority of the girls are married between the ages of 10 and 14, and some as young as nine, to men from 25 to 30 years old. With most of the female children thus married, menstruation has not commenced, and the uterus being prematurely stimulated by sexual intercourse, this function in many is never regularly performed, and sterility is the consequence. As females here enter into matrimony so young, it has been supposed by most physiologists that menstruation commenced much earlier in female life in this climate than in America and England; but from an extensive and careful inquiry directed to this subject, I am satisfied there is no difference. After this function is once established, however, her form is more rapidly developed, and she is earlier fitted for the duties of a wife and mother, than woman in America. Independently of the sterility which it often occasions, this unnatural and barbarous practice of marrying such children to full-grown men produces an amount of physical suffering, sufficient, one would suppose, to deter any mother from thus exposing a beloved child; but immemorial custom, and the fear of not being able to make as advantageous a matrimonial alliance for her daughter if she attain to womanhood before marriage, repress all other considerations. Several cases have come under my own cognizance, in which young married women have endured the severest tortures for years, in consequence of such ill-assorted espousals.

† This sometimes happens in a very summary manner. Quite recently, a woman who had borne one child, but did not again become pregnant as soon as she thought desirable, applied to the *dayat* for advice and medicine, and after following the prescriptions of several in succession without any benefit, she sought the aid of one living near us. This assured her that the *beit el tereid* (the uterus) was closed, and must be opened or she would never bear any more children; and going to a blacksmith she procured a sharp iron with which she impaled the woman, causing her death in half an hour.

‡ The above remarks apply only to the Christians—the Muslims manage these matters easier. If a woman amongst them be sterile, her husband either divides her bed with another, or, if unwilling to support two wives, he divorces her, and supplies her place with a new one.

city—ninety in every hundred being either occasionally or habitually guilty of this detestable crime; and not only so, but they glory in it, and boast of it one to another. Troops of catanutes may sometimes be seen together parading the streets in the Muslim quarter, being known by the peculiarity of their dress, their long hair, and general feminine appearance. Jewish and christian boys are frequently hired for this abominable practice, but most are obtained from the gipsies. Sadly as the christianity of this land has been corrupted, it still restrains its followers from this unnatural and revolting vice. God hasten the day when a pure christianity shall banish it from the earth! Yours truly, J. G. PAULDING.

Damascus, Oct. 2, 1851.

NOTES OF DIFFICULT LABORS, IN THE SECOND OF WHICH ETHERIZATION BY SULPHURIC ETHER WAS SUCCESSFULLY EMPLOYED NINETEEN YEARS AGO.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. ———, 41, was married at 19; has had sixteen labors at full time, and two abortions. Her last labor was in January, 1852. Labors have always been long and painful. The precursory symptoms have filled most of the time. I refer to the time which is taken for the dilatation of the os uteri to occur, and the head to enter the brim of the pelvis. The suffering now is very great, principally affecting the chest with a sense of suffocation, anguish, choking, gagging and vomiting. There is also great distress across the upper part of the abdomen. Spasmodic twitchings also attend. Now this state of things continued in the first labor ten days, and in others longer. In all a very long time is passed in this way. In her last it was four or more days. Then true expulsive pains begin; for though this character of effort may show itself often and severely in the precursory stage, it never produces progress. The head remains at or above the brim, and not the least pressure is felt on the fingers during contraction.

I have attended this patient a number of times. Mrs. ——— cannot endure labor in the horizontal position, or on a bed. She has a special arrangement for this process, viz.: three common Winsor chairs are tied strongly together, the bottoms looking towards each other, one behind and one on each side. A mattress is placed on them, and a chair is placed in front for her feet. In this half-sitting, half-lying position, she can exert great power. During uterine efforts she seizes the chairs at her sides and braces herself strongly against them, and in this way she gets much advantage. The vagina and external organs are forcibly pressed down, and fill up the vaginal outlet. This produces great distress. She finds relief in having both external and internal pressure so applied as in some measure to reduce these parts and keep them in a more natural position.

The difficulty in this case arises from the position of the pelvis. The promontory of the sacrum is mounted higher up and projects farther

forward than is natural. This renders the plane of the brim more oblique, and the symphysis being depressed, it is more inclined than usual, or more *dished*, giving to the cavity of the pelvis somewhat of a funnel shape. The abdomen is very pendulous. Her children are large. The head is particularly so. It is not difficult to understand that in such an arrangement, the entrance of the head is delayed, the symphysis and bladder much compressed (frequent micturition always being present) and that the length of the precursory stage of labor should be so great. Mrs. ——— is very short in stature, and I lately asked her if she was deformed. She said no; on the contrary, she thought her form quite natural. I have used ether in the labors which have occurred in this case, since its discovery, and with the very best advantage. The precursory symptoms have been removed, or so lessened as to be tolerable. Voluntary efforts have been controlled, and the protrusion of organs referred to has been diminished or has ceased. The greatest comfort has thus been derived from etherization. It was used in her present, or latest labor, with excellent effects.

In this, Mrs. ———'s last labor, I was not called till many hours, nay days, had passed from its beginning. I learned that she had not slept for two nights. She was conscious that no progress had been made in the labor. Her old troubles of the precursory stages were present in their fullest degree, and with these, strong expulsatory contractions were conjoined. It seemed as if the womb would yield to its own violence. Examination showed perfect relaxation of vagina and external organs. The os uteri was beyond reach, and no presenting part could be felt. I called again and again, and at length, towards evening, reached the os uteri, and found that it was dilated, and a large bag of water was protruding into the vagina. I determined now to break it, and as the quantity of water seemed very large, a white wash bowl was placed to receive it. The discharge was large, estimated at two quarts. It was perfectly *black* in color, as seen by lamp-light—not brownish, as is the meconium color when this substance is mixed with the liquor amnii, but black like ink. In subsequent contractions more fluid of the same appearance was caught in a bowl. Sulphuric ether was now used with its usual excellent effects; and in less than three hours from the breaking the bag, a living child of full size was born.

From the color of the liquor amnii, and the possibility of its dependence on the meconium, it occurred to me that the child must be dead. The great quantity of liquor amnii, however, prevented much pressure upon the fœtus or the placenta, during so long a labor, and the child was born living. Mrs. ——— recovered rapidly. The bowels were naturally evacuated the second day after delivery, as so often happens after etherization; and my attendance soon after ceased.

Remarks.—This case has interest because of the character of its precursory symptoms, or the *first stage* of the process. This stage has always been exceedingly protracted, and accompanied by great pain. It is not spurious labor, which gives this character to this stage. There is no question of the dilatability or dilatation of the os uteri, though it cannot be reached. This state of the vagina and external organs is as

perfect as is ever met with, and the *show* abundant. The depth of the pelvis, its direction, the distance of the os uteri, only prevent the reaching of it. The head enters the brim very slowly, and the bag forms in the same way. I have met with other like cases, some of them very strikingly like the above, but no one in which this extraordinary slowness of descent in the first stage has been so remarkable, or any in which the others have been completed more happily, or in a shorter time.

Its interest is increased by another fact which it presents. This is far more interesting and important than is this naked recital of delay and of suffering. In my visit following her delivery, I asked Mrs. — how many times she had used ether. She named them, and added that there was one other time in which she used it with great advantage. I asked when. Nineteen years ago, she said, she gave birth to her eldest son. Her labor lasted more than a fortnight. In the absence of her physician, her husband tried to find something which had given some relief in her former and first labor. He failed; but being engaged in preparing a chemical lecture, and making experiments with sulphuric ether, he thought he would try that. It was wiped freely over her face, and forehead, and *breathed*. To his surprise all her distress passed away—the spasmodic twitchings disappeared—violent voluntary effort, and which constituted so much of her misery then, and has in all subsequent labors, ceased to annoy her. Her physician arrived, and was so much pleased with the effects of the ether that it was employed during the rest of the labor. Her labor was now easy, was soon completed, and a stout living boy born. Such was her account of her first use of sulphuric ether to diminish or to abolish pain.

Here, then, is the first recorded case of the breathing of sulphuric ether for lessening or abolishing pain in labor. Is it not the first case in which ether was purposely employed to remove suffering—pain as a mere symptom. It was not used by a medical man, nor because this woman's husband knew anything of its medicinal uses. It was at hand, had special properties. It was simply *tried*, and perhaps because of its peculiar and positive physical properties alone. Its effects were marked. The patient was at once relieved, and as she stated to me with great distinctness, "the effects were precisely the same as she has experienced from it by my own ministrations in subsequent labors."

Mr. — was surprised, on looking back on cases which succeeded that in which he had used sulphuric ether with so much success, that he had not tried it again. Had he done so, he might have claimed to be regarded as the discoverer of its anæsthetic agencies. Would he not have been the discoverer? If simple priority of use determine such a question, is not his claim now established? Newton discovered the calculus in 1669, having then written a treatise which contained its principles. It was not published till many years after. Leibnitz made the same discovery, and published it before Newton, and with a much better notation, which is now universally adopted. But who questions if Newton were not the *first* discoverer, and who refuses to him the honor due to such a discovery?

[THE writer of the following article, a professor in a distant medical school, thinks the good of the profession requires the insertion in the Journal of something like what he has written. We withhold a part of his remarks, which appear to us of a nature to exceed the limits, as to freeness of criticism, which an anonymous writer should be allowed when criticizing one who appears over his own signature.—Ed.]

STRICTURES ON "STRICTURE OF THE URETHRA."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I take it for granted that your "Journal" is ever open to the reception of scientific truth, as well as to the exposition of error, both theoretical and practical.

In the number of February 4th, I find an article headed "Stricture of the Urethra"; to the author of which, I propose to put a few interrogatories. The author says, "the nature of the case under consideration was evinced by the retention of urine, and the groans of the patient," when he first saw him on the 21st of August; and that a physician had been in attendance the day before; and on inquiry as to treatment, "all was found to be *judicious*." The author next informs us that he "ordered, with some alteration, a continuance of the" (*judicious*) "medical course, which consisted in aperients, *diuretics*, fomentations, and anodynes by draughts and enema."

The next day, at 2 o'clock, P.M., "sixty hours since micturition, with the exception of discharge of half an ounce in the interval of last visit," on examination, the author says, "bladder much distended, very sensible and perceptible to the touch, in pubic region." If the patient had been taking *diuretics* for sixty hours, and only half an ounce of urine had been voided during that period, would the author expect anything else but a "distended bladder"?

Again, the author says, "On examining state of bladder and its appendages per anum, find their condition more abnormal than anticipated. The inferior portion and cervix *enormously thickened*, prostate *barely distinguishable*." Which is situated nearest the verge of the anus, the prostate gland, "or the inferior portion and cervix of the bladder"? The author states that before leaving the patient at this visit he "ordered warm bath at intervals, *blister* to the *loins*, and a continuance of the treatment, except *diuretics*." The author has informed us what the practice of his predecessor was, and "found to be *judicious*." If the treatment the day before was "*judicious*," why were the "*diuretics*" omitted, and a "*blister to the loins*" substituted?

It appears that in the course of the night of the 22d, the bladder was punctured above the pubis, and a female catheter inserted into it, which "immediately relieved the organ of more than five pints of high-colored, ropy urine." How does it happen that the "inferior portion and cervix" of a bladder should become "*enormously thickened*" when distended and attenuated to such an extent as to contain "more than five pints of high-colored, ropy urine"?

Does the present Professor of Surgery, or did his illustrious prede-

cessor, in the Massachusetts Medical College, instruct his pupils to administer *diuretics* and apply a *blister* to the *loins* of the patient to relieve him from retention of urine, and a "bladder much distended," when caused by "a most perfectly-organized stricture"?

In charity for the author, and for the surgical character of the Southern Mass. District Medical Society, I would fain hope that your "typo," by mistake, had substituted "*diuretics*" for *diaphoretics*. For I am sure this error might be much more readily committed by the printer, than the one attempted to be charged upon him by a surgeon "down east," who, very *systematically* and *scientifically*, proceeded to describe the mode of his operation for strangulated hernia on an elderly lady, some years since. You will doubtless recollect, in the case to which I allude, the operator proceeded to place his patient in the proper position, and, with all things in readiness, he steps us boldly to the work, with knife in hand; first divides the integuments, next the superficial fascia, which brings into view the *cremaster muscle*!—then the fascia propria, sac, &c., of the old lady.

On the 31st, "some symptoms of peritoneal inflammation appearing," the author of the paper "recommended the radical operation for stricture of the urethra." After cutting down upon the point of the catheter at the seat of the stricture, I would ask the writer if he thinks he would have been "several times foiled, by an interposing smooth substance, obviously of a membranous structure, either a fold of the mucous membrane of the bladder, or a partial membranous partition," had he attempted to perform this operation when the bladder contained more than five pints of urine, and before it was punctured above the pubis? Or, if a male catheter had been passed into the wound above, and directed under the pubis, and into the prostatic portion of the urethra from within outwards, so as to be felt in the perineum, the operation could not have been more safely and expeditiously performed?

It appears, from the report of the case, that the patient was more or less under the care of the author of the report from the 21st of August to the 10th of October, and from the time of the last operation passing his urine through a canula in the perineum, when he was removed to the Massachusetts General Hospital, where a cure was effected by one of the surgeons of that institution.

MEDICAL TOPOGRAPHY OF BERKS COUNTY, PENN.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I think it was suggested either by yourself, or some of your correspondents, that your subscribers should annually accompany their subscription money by a concise sanatory report of their districts, or by any other matter that might be deemed interesting to the numerous readers of your valuable Journal. The execution of this suggestion would probably have two highly beneficial results:—to furnish you interesting matter, and to transmit your "*substantial aid*," *regularly* and *promptly*—so that if your subscribers should come short of the first (as may

readily be the case in the present instance), the latter will perhaps be always sufficiently interesting to *yourself* not to be rejected.

Our County (Berks) lies in eastern Pennsylvania, in north latitude $40^{\circ} 10''$, and the city of Reading, the seat of justice, is $1^{\circ} 3''$ west from Washington, and is elevated 610 feet above the tide water of the Delaware at Philadelphia. Our mean temperature, accurately observed during a series of six years, is 53.11° Fah.

As chairman of the sanatory committee appointed by the Berks County Medical Society for last year, I drew up a report on the topography of the County, based upon geology, according to which our diseases were classed. The results of observations made with reference to geological constitution have been of a highly interesting character. Our County consists of four principal formations, and although our population is very homogeneous, being almost exclusively composed of natives from the Teutonic family, with habits and manners remarkably similar, yet we found a material and striking difference in the mean longevity on the different formations, varying from 23.55 to 43.14. It was also observed that some diseases were almost exclusively confined to certain geological formations; and that even some epidemics, as dysentery, for instance, were defined with great sharpness by the different strata. Some endemics, too, occur almost exclusively on certain geological formations.

From the foregoing important and interesting facts, it appears to me the time has arrived for the profession to turn its attention to what I may be permitted to call *medical geology*, as the basis of all medical topography.

The past year has been one of general health in our County, except the epidemic prevalence of dysentery in a circumscribed section, confined as usual to certain formations; and a pretty severe visit of typhoid fever on the syenitic formation, where this affection is endemic.

The city has been less fortunate. Scarlatina, from which I can scarcely say we have been entirely exempt for the last ten years, took a considerable increase from about the middle of last summer. In my practice it was almost exclusively confined to children, and the most prominent prodromic symptom was vomiting. After the eruption was out, and the disease well formed, the most marked symptom was delirium, which lasted four or five days, or, I should rather say, nights, for most commonly the patient was quite rational and tranquil during the day, but very delirious at night. I find by a reference to my record that I have treated 72 cases through their whole course, out of which 3 proved fatal. I saw three other fatal cases, all in the sequelous stage. One of these died from hemorrhage of the bowels, one from swelled glands before suppuration was established, and one (seen in consultation a few hours before his demise) from anasarca. Of the 72 cases treated from the first setting in of the disease, 7 became anasarous, and none had suppuration of the glands. None of the anasarous cases died. I saw three or four other cases of anasarca in consultation, all of which recovered, except the one above referred to.

The whole 72 cases were treated by laxatives when required, which was usually at the commencement, and the unrestrained use of hydrochloric acid diluted with water and sweetened, except one case in which

bronchitic symptoms were prominent, and antimonials were used. From fifteen to twenty drops of the acid were directed to be put into a half pint of water at the temperature of the chamber, well sweetened with white sugar, and allowed ad libitum. It was commonly very grateful to the patient, and taken with decided pleasure. No other general treatment was resorted to from first to last. From a good deal of previous experience in the treatment of this fatal disease, I was seriously impressed with the evil of the *nimia diligentia medicinae*, and at first resorted to the use of the hydrochloric acid rather as an abatement of this evil than from any great confidence in its virtues. Skeptical as I am, however, in medicine, I am, from my late experience, forced to attribute very considerable efficacy to it in the treatment of scarlatina. I by no means, however, consider it a specific to be relied on to the exclusion of other rational means when indicated. I think its salutary effect upon the local inflammation of the throat, when the acid is put in use at an early stage of the disease, not among the least of its benefits. It appears to me I had fewer anginose cases to contend with than some of my brethren who did not use the acid; I certainly had fewer than I have ever before had in the same number of cases treated in the same period of time. I deemed it necessary to bleed but in a single case, and that proved fatal; not because the bleeding was inappropriate, as it for awhile controlled the violence of the symptoms, but because the case was complicated with severe convulsions.

Externally to the throat I used counter-irritants, preceded by leeching where the local symptoms threatened to be violent. I found oil of turpentine and olive oil mixed in equal parts, or, in the proportion of two thirds of oil with one of turpentine, applied every three or four hours, and the evaporation prevented by the application of a strip of flannel, a convenient means of obtaining my object. The sloughy ulcers of the throat, when met with, which was seldom, I treated satisfactorily by the application of nitrate of silver in solution, in the proportion of two scruples to the ounce of water, applied once a-day. I found that this application can be much more effectually made by means of a nicely-trimmed piece of sponge securely attached to the end of a whale-bone handle, than by a camel's-hair brush. I even prefer a swab, made by rolling a narrow strip of muslin on the end of a stick, to the brush. A very important indication in young children* is to keep the nostrils pervious, in order that the due aëration of the blood in the lungs may not be prevented. This is done very effectually by throwing freely into those passages, by means of a small syringe, warm sage tea slightly acidulated with vinegar and sweetened. Young children, too, as well as older ones who have become exhausted by the disease, require to have the tough mucus which obstructs the larynx removed from time to time. This, also, is best done by means of the syringe and the tea prepared as above described. Cool or tepid sponging of the surface was resorted to, with its usual tranquillizing effect. My cases of anasarca were treated chiefly with jalap and cream of tartar.

The scarlatina has now almost entirely disappeared from our city, but

* Very few children under the age of a year took the disease.

has been replaced by measles, which have thus far, however, proved mild in their character. Variola has within a few weeks been imported into our city from Philadelphia, but it has, up to the present, been confined to two or three localities.

Reading, Penn., Feb. 25th, 1852.

Very respectfully yours,

JNO. P. HIESTER.

HOMŒOPATHY vs. ALLOPATHY.

[It is not often that we draw from the newspapers anything against the medical heresies of the day. The following remarks, however, by Rev. Henry Ward Beecher, of Brooklyn, N. Y., from the "New York Independent," contain so much of truth as well as humor, that we copy them into the Journal. A book publisher sent him a volume, entitled "Homœopathic Domestic Physician," and he thereupon indites the notice which follows.—ED.]

We have steadfastly adhered to the old school, probably from our naturally conservative bias. New-fangled notions we have always had our own opinion of. We have stuck, therefore, to the good old paths of medicine, and refused to remove a landmark—blister, lancet, pill, bolus, lotion, potion—all are yet objects of respectful reverence. We have grave moral doubts as to this insidious, mysterious, tasteless homœopathy. It seems not unlikely to be part of a general tendency to effeminacy which is creeping in with wealth and refinement. There is a strong aroma of indolence about it. It requires no exertion, no self-denial. Taking medicine, once a manly and heroic achievement, has become a mere sugar-plum affair.

Once doctors sat around a sick man like a fleet of ships about Gibraltar. They bombarded a disease, front and rear, with balls and boluses; they pierced it, or scarified it, or hung upon its course with cataplasm and blister, at such a rate that any man with half an eye could see that one or the other must give out hastily—the disease or the patient! Now our homœopathic Chesterfield regards a disease as a good-natured intruder, that can be winked and bowed and smiled out.

But, pah! We are ashamed to think how these effeminate doctors, who carry a whole apothecary shop in a pocket-book no bigger than your hand, walk in, put three drops of something into two drops of water, giving you a tea-spoonful, utterly tasteless, hour by hour; or put upon your tongue three or four white specks of milk-sugar, and that he calls medicine! Our Anglo-Saxon forefathers would have scorned to get well upon such dainty practice, and would die like men upon substantial medicine rather than sneak back to life upon such effeminacy.

To be sure, almost every relative that we have, paternal, fraternal, seroral, but *not* uxorial, has yielded to the insidious temptation and gone into these bye and forbidden paths. We feel like *Abdiel*, faithful found among the faithless; and we do not mean soon to desert the friends that have stood by us in so many chills and fevers, so many bilious fevers, and measles, and chickenpox, and influenzas, &c.

We are daily exhorted to apostacy. Example and cyclopedias of ad-

vice are lavished upon our obduracy. Our friends are against us ; our parishioners, not a few, are against us. Books have been sent us. Oh, the cures that have been recounted ! We are duly impressed from time to time with the fact that our departed neighbor would have been alive now, if he had taken his friend's advice and sent for homœopathy ; this child had gone down in the car of allopathy to death's door, but changing drivers, the chariot of homœopathy brought him back in a jiffy. This friend had a sick headache, and took three pills of pulsatilla, and before she could get the bottle corked up again she was entirely cured. We are assured that croup is now nothing, if you only have the right medicines by you. Measles are right down good fun, and teething and convulsions medical diversions. Scarlet fever, that bloody horror of the nursery, the moment he sees Dr. Hahnemann, "comes right down." Indeed, the old red dragon is crestfallen, and goes about as different from the scarlet fever of allopathy, as Red Jacket, civilized into drunkenness and into a ditch, was from the whilom savages who greeted a midnight village with a war-whoop, and found the way into it by the light of its blazing roofs.

If one dies under this practice, we are assured that "all men *must* die when their time comes, in spite of all medicine." And this seems rational. But if it had been allopathy, they would have taken us by the button, shook their sad heads, sighed, and ejaculated, "strange !" as if no excuse could be given for a man who died in the pale of the old school. It was evidently suicide !

Then, too, there is no harm done, even if there is no good, we are told. Pa and ma are afraid of *strong* medicine ! But these darling little dainties, these pills for fairies, you may take any number without danger. Indeed, their power is inversely as their number. Three are better than four, two better than three, one better than two, and none at all better than—but we will not say that.

But we have observed how much more medicine is taken by many of our kind friends of this school than by us. To be sure, a stout blue pill is a mountain by the side of their homœopathic dust. But then we only take such once a year. Now medicine so harmless as those dear little phials contain, is a very temptation.

Does the head ache?—a pill. A stitch in the side?—a pill. Heavy eyelids, with recurring symptoms about the same time every night?—a pill. Is the nose stuffed?—catarrh?—*nux vomica*. Does the nose run like a fugitive slave?—*lachesis*. Is it suddenly arrested and shut up?—*aconite*. Is one troubled in the face? Deliverance abounds. A hard face, without feeling?—a little quicksilver. Redness in the face, agitation and disposition to crawl?—*belladonna*. And so on. Life with some nervous people becomes an interesting game. Their body is like a forest, pains are the wild beasts, and pellets the means of hunting them, and the patient lies in watch for pain with as much zeal as a hunter among the reeds for the descent of a flock of ducks. He and she have got something that will do the business for them.

In good earnest, we regard medicines with little favor. Our first receipt for sickness is not to get sick ; our second reliance is upon a well-

bred, sensible doctor. We select the doctor; it is his business to select the medicine, and we do not care a pin what it is.

THE SUFFOLK DISTRICT MEDICAL SOCIETY.

Meeting for Medical Improvement, Feb. 23, 1852.

REPORTED FOR THE JOURNAL BY GEO. STEVENS JONES, M.D.

Dr. H. I. BOWDITCH, Chairman of a Committee appointed for investigating the causes and frequency of intermittent fever in this State, and particularly those cases which had occurred in the practice of a member of the Society, in the town of Chelsea, announced his readiness to report to the Society the result of the labors of the Committee. On account of the severe storm, which prevented a full attendance at this meeting, and considering the report to be one of great interest to all the members, its reading was, on motion of Dr. Ware, postponed until the next meeting. Dr. JOHN WARE exhibited the larynx and part of a trachea, which was taken from a child who had been attacked with membranous croup about a year previous to his death. The specimen had been sent him, from the country, with a promise of a history of the case, and when received, it will, by the courtesy of Dr. W., be forwarded to the Journal for publication. It is certainly a unique specimen, and it is hoped a drawing may be made from it. Dr. JOHN JEFFRIES, President of the Society, made mention of a case of membranous croup that had lately occurred in his practice, which happily terminated favorably. He first saw his little patient (a boy 15 months old) on Wednesday night, Feb. 10th, at 10 o'clock. There were evident symptoms of croup: hot skin, *brazen* cough, hurried respiration, &c. An emetic of ipecac. and a warm bath had been prescribed for him; the emetic had operated freely, and the bath had somewhat quieted him, so that he fell asleep. Five grains of calomel were applied by a spoon to the fauces, and at 12 Dr. J. left the patient, with directions to the attendants to give him two grains of Dover's powder if he should appear more uneasy during the night, and to repeat it after two hours if he was not quieted by the first portion; to apply hot baths to the throat, and to keep the room at a temperature of 73° to 75°, with as much vapor as could be produced from boiling water. At 7½, A. M., he saw the patient again, and learned that he had had a restless night, with little or no sleep; his pulse was more rapid, flesh hotter, respiration obstructed, with occasional cough which was croupy, and sometimes a croupy sound on respiring. He had taken his two Dover's powders, but did not appear much better under their influence; he also had had two free dejections from his bowels. The solution of nitrate of silver, 40 grains to the ounce, was applied by the sponge probang to the laryngeal chamber, and on the withdrawal of the sponge, it was found covered with a coating of lymph, which fell from it in flakes on washing it in water. Except that he was distressed from the effort of the application of the sponge, there was not much change after it; perhaps he might have breathed a little easier. Another Dover's powder was given, and the Doctor left at 9—but in half an hour was again called on account of a very severe turn of strangulation, which the little sufferer had on waking. At 10 o'clock, the respiration being more obstructed, the nitrate solution was again applied, and with apparent relief to his breathing. It was also applied during the day, at 12, M., 4, 6½, and at 10 o'clock in the evening. By each of those applications he was decidedly relieved in his breathing. He has had, during the day, several dejections, which were colored by the calomel; he was at times disposed to be playful, and drank with eagerness. At 11½ his respiration became more labored, with occasional cough, and the nitrate solution was again applied, and, as in the other applications, with relief to the urgent symptoms. At 2½, Friday morning, the solution was again applied, and again at 5. Since 6 o'clock, Thursday afternoon, his respiration has been with a catch at every breath and a loud *râle*. Friday morning his face was very pale, pulse hurried and distressed during inspiration. At 7 o'clock, chloric ether was administered, and occasionally afterwards repeated. At 10, he seemed much exhausted from the continued

action of the bowels, for which cinnamon and opium was given to check the action. At 10½ and 12½ the solution was applied to the larynx, which afforded more relief in respiration. Wine and other nourishment was directed, but he gradually failed, until 4½, P. M., at which time, on giving him his drinks, he coughed, which had not been done before for several hours, and he seemed to be more relieved than at any other time previous. The cinnamon and opium was continued, as also the wine and arrow-root, of which he has taken freely during the day. On Saturday morning, at 9 o'clock, has had a distressed night, countenance livid, features nipped, and from 12, M. to 4, P. M., he seemed to be rapidly sinking. He has had more cough, and has appeared at times to have the larynx relieved by the effort. At 4½ he became more relieved, and has so continued up to 9½, when he was asleep. Respiration much easier, and just audible across the room, sometimes only at the bedside. The chloric ether was the only means of relief in the extreme suffering through the night. He took the opium twice in the night, and, on waking, coughed and appeared to expectorate; his breathing still continuing relieved in a great degree. At 12, M., has been easy since last report; respiration without noise except a rale; is asleep, lying on the right side; has taken no opiate; emulsion continued. Nine, P. M., has remained quiet most of the time, vomited twice, remedies suspended. Twelve, Sunday morning, has slept quietly and easily, breathing freely. Awoke and seemed *hungry*. Gave him arrow-root, of which he ate 30 tea-spoonsful, and swallowed without difficulty. Monday, 10, A. M., four days from the attack, he is now doing well, and continues to improve; and to-day (28th), with the exception of loss of voice, may be said to be well. The Doctor, in mentioning this case, said that there was nothing in the symptoms or treatment which differed very materially from others which he had seen, excepting the frequent application of the nitrate solution; but the history of every case of recovery from true membranous croup possessed an interest to the profession, and he thought it the duty of every member of the Society to make such cases known.

Dr. JOHN WARE thought the case a very interesting one; he had never known the nitrate solution to have been applied so often, or such a number of times, in a similar case. It might be a very important feature in changing the diseased action of the parts concerned in croup. Dr. J. S. JONES asked if the solution of nitrate of silver, 40 grains to the ounce, was considered as a caustic, or was used as such in the treatment of diseases of the air passages?

Dr. JACOB BIGELOW remarked, that early writers on inflammation of the mucous surface of the larynx, had recommended nitrate of silver to be used. It was his opinion that the solution should be strong enough to destroy the epithelium, or inner membranous surface; and if that is done, there could be no croup. All the inflamed parts must be touched in the early stage of the disease; and for that purpose, he should think a saturated solution of the silver preferable. Quite a discussion arose among the members as to the best form and strength of the nitrate to be used in diseases of the air passages, in which Drs. H. I. BOWDITCH, H. G. CLARK, JOHN WARE, and J. S. JONES, participated. Dr. Jones did not believe that croup began in inflammation. Dr. H. G. CLARK mentioned that the success Trousseau had met with in tracheotomy, in croup, had been overstated. Dr. CABOT thought, when resorted to early, it would or should save the patient. Dr. J. B. S. JACKSON mentioned that Trousseau had informed him, that about one half of those upon whom he had operated, recovered. As regards the action of nitrate of silver in croup, he must say, that in none of the post-mortem examinations which he had made of persons dying from it, and where the silver had been *freely* applied, was there any thing which would indicate that it had been done. As to the part where the disease commenced, he thought there could be no doubt it was the *larynx*, and not the *trachea*, yet it extended to the trachea and even to the bronchi, but in a large majority of the cases which he had examined, he had never seen the lungs inflamed, or pneumonic. As to the cause of death in such cases, it was evident that it was mechanical, the air-passage having partially or entirely become closed. Dr. WALTER CHANNING thought if the disease *did* commence in the larynx, there would be more difficulty in swallowing than is generally manifested in such cases. Dr. H. G. CLARK thought the double canulas used by M. Trousseau were decidedly an improvement over the single ones

which were generally used after tracheotomy had been performed, inasmuch as the tube could be kept perfectly clean by withdrawing the inner one for that purpose.

Dr. J. S. JONES mentioned the case of a *natural amputation*, at the shoulder-joint, in a young lad. The patient had his arm broken in two places, but from bad management, probably in treating the fracture, the arm became gangrenous and sloughed at the articulation of the scapula. Notwithstanding, he did well.

Dr. BOWDITCH related the case of a patient of his, upon whom he performed the operation of paracentesis for empyema. The physical signs were rather remarkable. Before the operation, on applying the ear to the upper part of the chest, egophony and pectoriloquy were distinctly audible, which ceased to exist after the removal of the purulent deposit from the pleural cavity. Dr. CHANNING mentioned a similar case, where there was a large abscess over the upper part of the sternum, which opened spontaneously, and from it came pus in large quantities. Dr. Channing also made mention of a man who had been attacked with symptoms simulating bilious colic; finally he had a fixed pain in the right iliac region; a nodulated tumor was perceptible, that increased in size till pus was observed in his dejections, when the tumor lessened in volume, and is now fast disappearing. The query was, whether it could have been a cæcal abscess or not.

Dr. Z. B. ADAMS mentioned a case of intermittent fever, which had been successfully treated by the use of strong coffee and lemon juice, when all other means had failed. Dr. BIGELOW spoke of Humboldt's mentioning cases of the same fever occurring among the mountains of Peru, wherein the natives cured themselves by the juice of the bitter orange in strong coffee. Dr. CABOT said that he had been cured of the same fever while in Yucatan, by the same treatment. Dr. HEATON cured himself once when in the cold stage of this singular malady, by jumping into the Mississippi river, and he never had a chill afterwards.

At 10 $\frac{1}{4}$, the Society adjourned.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 10, 1852.

The Human Ear.—The Anatomy, Physiology and Diseases of the Ear, are the subjects of a Treatise by James Bryan, M.D., of Philadelphia, a gentleman who is becoming widely known for his various medical writings. After disposing of the anatomy and physiology of the ear, which constitute Book 1st, the second division embraces the diseases to which the organ is incident. No one will be disposed to question the obscure nature of those internal derangements to which it is exposed, and hence any reliable information cannot be otherwise than thankfully received. Eight chapters are devoted to the consideration of the causes of deafness, and the method of applying remedies; but in order to insure a prospect of success, the author approaches the subject gradually, by a scientific chart, as it were, of the maladies to which the auricle, meatus externus, membrana tympani, internal ear, &c., are incident. The book is not a heavy, cumbersome compilation, from all sources, but a neat, compact and to-the-point work, which explains to the practitioner the most direct method of meeting a case. This, therefore, is the kind of sure guide which is likely to be serviceable, especially in the hands of those who are not particularly experienced in that department of practice. Institutions for the treatment of diseases of the ear are becoming common in cities, but in the country the population is not dense enough to warrant

the attempt to concentrate sufferers of this class. It is for the immediate advantage of medical gentlemen remote from professed aurists, to possess the latest and best intelligence in this difficult kind of practice. Dr. Bryan's care to meet any supposable condition of the hearing apparatus, and to explain it, in the fewest words, makes it quite desirable to have the results of his labor accessible. For the small sum of one dollar, forwarded to the author, at Philadelphia, a copy would be returned by mail.

Dr. Mitchell's Valedictory.—This was an address before the graduating class in the Philadelphia College of Medicine. A singular proceeding in regard to this discourse may be found in the correspondence between the students and the professor—by which, it seems, it was solicited for the press before being delivered. The Committee say, "The undersigned were instructed to solicit a copy of your valedictory to be given on the 28th inst." The author's answer is dated Feb. 18th, in which he remarks, "I could wish it were more worthy of your perusal." According to the dates of both notes, not a line of it was heard till ten days after! Aside from this singular circumstance, the performance is excellent.

Annual of Scientific Discovery.—A year book of facts in science and the arts would be quite as acceptable to physicians as any other class of readers, and we therefore take the liberty of referring them to the above-named volume for 1852, just published by Messrs. Gould & Lincoln, of Boston. It puts the scientific inquirer in possession of all the discoveries in the world, for the last twelve months. It is amazing to contemplate the onward march of knowledge in all departments of nature, in a single year. Probably medical men have contributed as largely as any others to this gratifying progress of science and the arts.

Anonymous Correspondents.—It is but a repetition of former assertions, to say that no paper is admitted into this Journal, which in our estimation is calculated to lead to misunderstandings or controversies, without knowing the name of the writer. Occasionally, a gentleman, for some cause not always known to us, prefers to keep back his name from his communication; but we require to know it, or, if thought expedient, reject his article for the want of it. Sometimes, in the haste of giving out manuscript to the compositor, or in making up pages, a mistake is made, and an unsuitable anonymous article may slide along till it is too late to do otherwise than hope that it may do no harm. As we desire to live on terms of personal friendship with the members of the profession, and encourage peace and good will in the great brotherhood, the course, thus far pursued, is considered both proper and justifiable.

Spiritual Rapping Mania.—If reports are to be relied upon, this extraordinary disease is spreading in Boston and its vicinity. It takes admirably with a certain class of minds, and gentlemen who were esteemed for their sound discretion, heretofore, discover at once to their friends that a screw is loose in the mental machinery. With a profound expression of thoughtfulness, when the rappings are mentioned, some of them timidly venture to suggest that "there may be something in it."

What has become of that staunch phalanx of writers who used to address us on animal magnetism, some years since?

The rappings have become a regular, systematic and profitable business in Boston. We copy a card for admission to an exhibition, the price being fifty cents. It will show something of the nature of this silly mania. "*Regulations.*—This card entitles the holder to the privilege of communicating or asking proper questions, for fifteen minutes, at one of the regular sittings for spiritual conversation and demonstrations. No person will be permitted to occupy a longer time, or to interrupt others, without the special permission of all present. The *medium* takes no responsibility for the communications, nor does she promise that the visiter will receive satisfaction or responses. N. B. No person admitted as spectator without one of these cards. Please hand this card to the medium." Signed, M. B. Hayden.

Common Salt in Scarlet Fever.—Dr. H. A. Ramsay, of Georgia, writes to us that he has used in southern scarlet fever, in every grade, an emetic of the common table salt. "It is far superior," he says, "to all other remedies of the emetic class; indeed, in my conception, it seems to exert a specific effect upon the disease. The medicine is quite harmless in its operation, and may be repeated with impunity, *pro re nata*. Have your New England physicians ever tried the remedy? If so, with what success? I imagine the scarlet fever of New England is much more *malignant* than in our country."

Monument to Dr. Fisher.—MR. EDITOR,—In the last number of your Journal a subscriber makes an inquiry respecting the monument proposed to be erected to the memory of the late Dr. Fisher. In answer to that inquiry, it may be stated that the Committee appointed to carry the plan into execution have attended to the duty assigned them. The structure is being completed—and during the present spring, or early in the coming summer, it will be erected at Mount Auburn.

ONE OF THE COMMITTEE.

Substitutes for Mercurials in the Treatment of Syphilis.—M. Robin read before the Academy of Medicine, Paris, a note on this subject, followed by a recital of the researches of M. Vicenti, also on the same question.

In a previous communication, M. Robin had enunciated the idea that mercurials do not exert any particular mode of action upon syphilitic disease, except in combining with the virus, and converting it into a new and inert compound. Many other substances, M. Robin had stated, possessed the same powers—*c. g.*, preparations of arsenic, gold, silver, iron, and antimony, and therefore might advantageously replace the mercurial medication.

With this view, M. Vicenti had, at the request of M. Robin, studied experimentally the action of bichromate of potash. The following is a summary of the results:—

1. That the bichromate of potash possesses most undoubtedly anti-syphilitic properties more active and energetic than mercurial preparations.
2. That in the three cases in which it was administered no ill effects followed. The nausea occasionally excited is readily allayed by opium.
3. That being soluble the bichromate is rapidly taken into the system.

4. That the bichromate of potash may advantageously replace mercurials in the treatment of syphilis.—*London Med. Gazette.*

Effects of Syphilis upon the Fetus in Utero and after Birth.—Mr. Whitehead, of London, in a work recently published, "On the transmission from parent to offspring of some forms of disease," &c., gives the following interesting and melancholy data respecting the conveyance of syphilis from mother to child.

"Out of 256 deliveries of syphilitic women in my own practice, 110 terminated prematurely at different periods of the process. In five cases this event happened at two months; in thirty at three months; in thirteen at four months; in four at five months; in ten at six months; in thirty-nine at seven months; in sixteen at eight months. Only two of these were born alive; they were seven months children. One of them died on the second day, the other a few days later.

"Of the remaining cases, amounting to 146, said to have been at the full time when delivery took place, sixty-three died at the following ages: twelve during the first week; two in the second week; one in the third week; five in the fourth week; eight during the second month; six during the third month; seventeen during the second quarter of a year; three in the third quarter; one in the fourth quarter; seven during the second year; and one in the third year of life. A few were stillborn, and a considerable number of those who survive are still infants, a large proportion of whom may probably not live beyond the period of early childhood."

Dr. Dalton's Lectures in the University of Buffalo.—The course by Dr. Dalton, on Physiology and Legal Medicine, in the University of Buffalo, terminated with the close of the session, having been continued during the whole of the preliminary and regular terms. As this is the first course of lectures given by Dr. D., it is but justice to him to say that the high expectations entertained by those most competent to appreciate his talents and acquirements, have been amply fulfilled. His success as a teacher has been all that could be desired by himself or his friends.—*Buffalo Med. Journal.*

TO CORRESPONDENTS.—We shall endeavor next week to insert several papers which have been on file some time, and concerning which their authors are very naturally somewhat anxious.—One on Treatment of Diseases of the Air Passages has been received, but its length will prevent its immediate publication.—Respecting another communication just received, the author will receive a private note as to some modification of it.

MARRIED.—In Gilford, N. H., Dr. F. J. Stevens, of Hampstead, to Miss Sarah E. Morrill.

DIED.—In Cambridge, N. Y., Feb. 7th, Dr. William G. Nelson, much respected and lamented, 43.—At West Bloomfield, Ontario Co., N. Y., Hon. John Dickson, M.D.—At Stockton, Cal., James H. Rogers, M.D., formerly Professor in Rutgers Medical Institute, New York, and late health officer of the port.

Deaths in Boston—for the week ending Saturday noon, March 6th, 70.—Males, 34—females, 36. Accidental, 1—apoplexy, 1—disease of bowels, 1—inflammation of bowels, 2—disease of brain, 5—burn, 1—consumption, 16—croup, 2—debility, 1—dysentery, 1—dropsy, 1—dropsy of brain, 1—erysipelas, 1—typhus fever, 1—scarlet fever, 1—gangrene, 1—hæmorrhage, 2—disease of hip, 1—infantile, 8—inflammation of lungs, 7—disease of liver, 2—marasmus, 2—measles, 1—old age, 1—pleurisy, 1—puerperal, 2—teething, 3—unknown, 2—worms, 1.

Under 5 years, 31—between 5 and 20 years, 11—between 20 and 40 years, 18—between 40 and 60 years, 7—over 60 years, 3. Americans, 35; foreigners and children of foreigners, 35. The above includes 10 deaths at the City institutions.

Medical Circulars.—Such is the competition in medical instruction, in this country, that even the schools of medicine of some of the States appear to be earnestly drumming up the people for customers. Circulars are actually flying through the post offices, announcing the facilities, economy, &c., of certain institutions for next November. This is taking time by the forelock; but it is positively injuring the medical character of the United States, to make such a show of ambition to gather up students.

Meeting of the American Medical Association.—The fifth annual meeting of the American Medical Association will be held at Richmond, Va., on Tuesday, May 4th, 1852.

All secretaries of societies, and of other bodies entitled to representation in this Association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed.

The following is an extract from Art. II. of the Constitution:—

“Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly-constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.”

The medical press of the United States is respectfully requested to copy.

P. CLAIBORNE GOOCH, *One of the Secretaries,*
Bank st., Richmond, Va.

Medical Miscellany.—In 1851, there were committed to the Jail in Boston, 1,567 persons for intemperance; and 3,135 foreigners were incarcerated within the year.—It is said that there are about two millions of dogs in the United States, and that the expense of keeping them is upwards of \$10,000,000 per annum.—The meeting of the mediums or spirit rappers in Cleveland was a failure. The rappings were scarce and the spirits shy.—Dr. Elizabeth Blackwell expects to commence a course of public lectures, in New York, next week, on *physical development*.—A Jamaica paper states that 40,000 persons were carried off by the cholera in that island, the last year.—A subscription in aid of the Female Medical Education Society, of Boston, which embraces the medical college for females, amounts to a very handsome sum of money.—Dr. J. B. Alley has been elected physician of the Female Orphan Asylum, in Boston.—Yellow fever exists at Pernambuco.—David Kennison, the last man of the Boston tea-party, recently died at Chicago, at the great age of 117 years.—At the Starling Medical College, Ohio, 146 students attended the last course of lectures, and 35 were graduated. Dr. Lyman W. Trank, of Lorain Co., received an honorary degree of M.D.—Another Domestic Journal of Medicine has appeared in Boston, under the care of Dr. Hatch. There is still room for more!—Dr. Drake of Cincinnati, lately delivered an interesting address on the history of the medical profession of the West. It was on the occasion of founding a public library.

THE

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BRIEF ESSAY ON THE MARINE DISEASE USUALLY TERMED "SEA-SICKNESS" (MARE MORBUS).

BY JOHN DAWSON, M.D., MISSIONARY PHYSICIAN TO BURMAH.

[Communicated to the Medico-Chirurgical College of Philadelphia, and forwarded for publication to the Boston Medical and Surgical Journal.]

IN the numerous works possessed by the profession on the "Practice of Medicine," the malady, so far as I am able to judge, which stands at the head of this paper, is very commonly overlooked. Apparently it has been regarded with such indifference, as not to merit even a place in medical literature. Hence, its character being considered so trifling, no attempt has been made to inquire into its real nature, its mode of attack or operation, or to suggest any plan of scientific treatment for its speedy alleviation or cure. But it might be asked, is this silence about the matter doing justice to the interests or health of thousands—yea hundreds of thousands of mankind, whose avocations in every quarter of the globe expose them to one or more attacks of this truly trying, though temporary, affliction? For the sake of the bold, adventurous seamen, who navigate our ships across the high seas, amid storms and tempests or other fearful perils—for the sake of a large portion of commercial, scientific and other description of travellers—for the sake of that part of the fair sex and their young children, whose husbands or parents require them to undertake a voyage over the ocean—is it not time that the attention of the profession should be awakened, and invited to a consideration of this obscure though deeply interesting subject.

Why may it not be investigated? Why should that highly respectable body of medical practitioners—our naval physicians and surgeons—be left unprepared to combat with this particular form of *ship disease*? Nothing, in fact, is more common than for a physician to be consulted while at sea, as to what should be done for its removal. And yet how often will you hear it said, "*I can do nothing for you.*" The man of science is virtually struck dumb, as it were, because of the want of proper information, in relation to so common a marine complaint. If "*constipatio*" constitutes a disease, or, in other words, an abnormal state of the system, that is worthy of the attention of professional men, and is regularly noticed and treated of in the books on practice, surely "*sea-sickness*" is of equal if not more importance, so as to claim some

consideration from our distinguished professors, authors and lecturers generally on this department of useful medicine.

For these reasons now cursorily advanced, which to my mind are of obvious moment, I have been induced to watch its development, progress and termination, in a number of cases, besides experiencing it in my own person, during a voyage from the United States to Burmah, in south-eastern Asia. The passage occupied altogether 183 days, including detention at an African port—the ship having touched on the way out at the Cape of Good Hope, where she made a stay of nearly three weeks, in discharging cargo and fitting up again for sea.

Of all “the ills to which flesh is heir,” on board ship, there is nothing more extensively prevalent among both crew and passengers, than “*sea-sickness*,” and especially among those who are unaccustomed to “sea life.” During the period of its continuance, it is, comparatively speaking, far more distressing than are the ordinary run of maritime complaints. While it is present, it assumes and exhibits to all appearance the character of disease, and in some few cases, as happened with three or four ladies, it temporarily breaks down individual constitutions, and opens the road to more permanent and acknowledged affections.

In order, therefore, to a division and right apprehension of the subject, I propose considering it under four separate heads, as follows:—

First.—Let us consider the cause or causes of sea-sickness.

Second.—Notice the organs that seem to be implicated by it.

Third.—Its mode of development and symptoms.

Fourth.—Treatment—both hygienic and therapeutical.

Before entering upon a consideration of these enumerated divisions of a complex question, it seems befitting here to observe, that as the term “*sea-sickness*” is the vulgar appellation by which the disease is commonly known, I would respectfully submit to the “honored and experienced” in the profession, the propriety of its being properly designated by some suitable scientific name. Ought it, I might ask, to continue to be styled by that term, by the members of a liberal calling? Seeing no valid ground for it, and pending the decision of abler judges on the question, *I have simply ventured* to designate it as “*cephalo-gastrorrhœa*”—a name that is sufficiently significant, I imagine, of its location in the head and stomach, and of its involving partly the encephalon and seat of the origin of the nerves, as in the vertigo and sensation of reeling experienced, and partly as connected with the phenomena of the gastric function, as in the nausea or vomiting that may be present during the whole attack. If, however, any better appellation should be offered, I am free to say, that it should be at once adopted, in preference to a continuance of the existing embarrassment, arising from the fact of its being altogether nameless, in the received tables of nosology.

Let us now briefly consider the points indicated, as grouped under the different heads.

First.—The cause or causes of “*sea-sickness*.” These may be divided into primary, as the peculiar motion of the vessel; and secondary, as the breaking in upon the ordinary habits of the animal economy.

The first named is the antecedent, and the second the consequent, and both uniting set up a train of phenomena which characterize the state to be described under section third.

In a smooth, calm sea, where a ship is but little disturbed by either "winds or waves," it is generally found to be the case that but few, if any persons at all, are affected by this uncomfortable complaint denominated sea-sickness. In the novelty of the change which has taken place, from scenes on land to those that are usually encountered on the briny ocean, there is within us a mingling of dissimilar emotions, of which every novitiate in this new situation is more or less conscious. All is novelty, strangeness and wonder. And with some there is superadded, a strong feeling of loneliness, occasioned by a sudden separation from friends. When by the agitation of the swelling ocean, the turbulence of the dashing waves, or the pressure of a strong breeze, or storm, the "frail bark" rolls and pitches about with a quick, sudden, irregular motion, the accustomed habitude, or balance of the human system, so to speak, becomes interrupted. Man, a creature of the earth, then realizes that he is placed, as it were, in a new world of action, on a different element of nature from what he had lived and walked on all his life before. At this juncture he begins to feel somewhat indifferent to things around him, has a consciousness of personal helplessness, and sinks down into a dull disagreeable state of feeling. Sometimes the change steals over the sufferer so unconsciously, that before he has fully realized it, he is "sick and miserably bad," as some patients have expressed it.

In this class of causes, which, it has been noticed, produces functional derangements in the animal economy, though in the majority of cases only of a temporary kind, the rapid, irregular motion of the heaving ship appears to operate on the equilibrium of the "nervo-vascular forces" of the brain and nervous centres, so as to militate against their wonted regularity, and to disturb the quiet harmony of their action, and such as physiological laws would require under other circumstances, as when a person is pleasantly situated on land. Exposure, then, to the peculiar motion of a vessel, from the system not being trained or habituated to it, leads to changes that involve a condition different from that of health, and justly places it, during the presence of specified and known symptoms, in the catalogue of pathological affections incident to man.

Besides this change of situation from land to sea life, that at first breaks in on the ordinary routine of the system, there are other influences at work that tend to disarrange and to induce disease. These may be, in a word, comprehended under the following heads.

1st. The want of sufficient space, in most ships, in which to take exercise.

2d. Breathing at night, when sleeping below, or in confined cabins, air that is necessarily impure.

3d. Change of diet, of water, scenery and companions.

In addition to the motion of the ship referred to, and the derangement of accustomed habits, there are certain "*smells*" which are found in nearly all vessels, in a greater or less degree of intensity, that act in

the aspect of provocative agents. These are the effluvia emitted by quantities of tar, pitch, grease, old ropes, vernin (as rats, &c.) that may have died recently, and bilge water. The latter throws out a strong smell of sulphuretted hydrogen. They are so strongly offensive, at times, that it is impossible to conceal the fact of the dislike and disgust they excite in those exposed to them. May they not contribute to increase the tendency to nausea? Certainly they do.*

From these causes, then, operating either separately or unitedly, as just mentioned, it is easy to understand how the complaint is induced, and how the whole train of phenomena may perhaps be satisfactorily explained.

Secondly.—Let us now look for a few moments at the organs implicated by it.

In the preceding section it has been shown, that the brain, including the medulla oblongata, as giving rise to the several important nerves proceeding from the head to the chylopoietic viscera, is primarily disturbed by the ship's motion. The stomach, liver and intestinal tube, are more slowly involved in functional derangement, which by careful observation may be detected in all such cases. And though the disturbance or change which takes place in these organs, gives character to this disagreeable complaint, yet the effect produced upon them cannot be regarded in the light of an inflammatory or disintegrating action. Upon a close scrutiny, it partakes more of the nature of a modified form of congestion, acting in concert with a peculiar train of irritable phenomena of the nerves of the viscera, than of anything else with which it might be pathologically compared. The impression made on the "nervous system" is sufficiently characteristic to show the existence of general irritability in that great function, and to an instructed eye it aids in distinguishing a difference between its ordinary operation and condition while sound and tranquil in health, and that which marks the disease under consideration.

Thirdly.—Mode of development and symptoms.

The first indication of the approach of sea-sickness is a strange feeling in the head. The language of a little girl, who was asked to describe it, was — "*my head swims.*" There is heaviness in the frontal and occipital regions, as if there was unusual fulness in those parts of the brain. In connection with vertigo, there is an indisposition for making either mental or bodily exertion. There is a general sensation of uneasiness all over the frame; and a strong desire is felt to seek relief from this unpleasantness by lying down. Nausea occurs, or, as the child expresses it, "*my stomach is sick.*" Anything in the shape of food or drink, appears sickening and repulsive. A sense of soreness, approaching to the character of pain, is felt in the epigastric region. The skin is slightly warm and moist. The palmar surface of the hands and feet is sometimes hot and dry. Pulse is accelerated. Tongue

* On the recurrence of rough weather, there is a liability to a return of this complaint a second, third, fourth, and even a fifth time, in the course of a six months' voyage. No sooner does the vessel begin to move suddenly and rapidly, rolling and pitching about, than the whole organism experiences once more the very undesirable symptoms of a change.

white or brown, and is occasionally furred. More or less vomiting occurs. At times it is excessive, and accompanied by considerable retching, which is most distressing to persons of a feeble or slender constitution. The last meal which may have been taken, several hours or even a day before, comes up undigested. And by subsequent efforts, fluids of one kind or other, with any remaining ingesta mixed up with saliva and mucus from the fauces, are ejected; and lastly there appears some bilious matter, streaked, now and then, in a few cases, with blood. The taste imparted by these substances to the mouth, is exceedingly bitter. When destitute of bile, as they sometimes are, the fluids thrown up have an acid re-action and smell sour. The bowels are generally very torpid. If there have been any evacuation of this sort, it is mostly of a scybalous nature, scanty and very unsatisfactory. It not unfrequently happens, however, that there is a simultaneous action of both stomach and bowels at the same time, and in both directions the discharges may be free. The state of the mind is depressed and fitful. It longs to be in a position of quietude. If there be one thing more than another desired by such patients, it is to be away, far away from the heaving billows, and laid quietly on some "green spot" of land, where both spirit and body might be at rest. The dreadful feelings that are endured would be a fruitful theme for the pen of a poet; and rather than have them protracted, the sufferer will exclaim, "would that I were flung on shore anywhere, that I might get relief." This is no fanciful coloring of the subject. The picture is true to life, as every one well knows who has passed through the ordeal of a rough passage over the ocean.

Fourthly.—Treatment—hygienic and therapeutical.

The chief remedy in use among professional and non-professional men, for the relief sea-sickness, is exposure in the open air on deck. Nothing is so good for it, is the commonly-received opinion of all classes, whether sailors or landsmen. In this popular observation, it must be remarked that there is something which accords both with reason and the principles of sound philosophy. Pure air is so essential to health and life, that all appear to be acquainted with the fact. Hence the question arises, what animal can live where it is impure, and continue in a good state of health? Hence the prescription, which is so frequently given in these cases, "go on deck into the pure air." There seems to be a natural aversion in the human breast—which is just as instinctive as it is to recoil back from the presence of a snake—to enter a confined, dark or damp situation, much less to remain in it for any considerable period, unless forced to do so by the pressure of circumstances. To gratify an eager curiosity, or a conscientious sense of duty, or a desire to exhibit personal courage before others, will induce men, on many occasions during life, to act contrary to the instincts of their nature, which instincts are imparted, or planted in us, as a means of "self-preservation." If they did not constitute a part of our nature, the fact at least would be one step towards establishing the "ideal theory" of the celebrated Bishop Berkley. Briefly, then, I need to remark, that the hygiene consists of free ventilation, a proper quantity of light, and atten-

tion to personal cleanliness and comfort. The subject of making a rational provision, in the construction of vessels which navigate the high seas, for air, light and bathing, is worthy the attention of every physiologist, philanthropic and statesman in the world. Their voice should be heard on this question; and if heard, it would produce some salutary changes and improvements in the existing style of naval architecture.

In relation to the other branch of treatment proposed, it is necessary to observe, that there are various therapeutical agents that have been employed, often with success, though sometimes without any satisfaction whatever, which need here to be mentioned, with the probability of success, or failure, attending or resulting from their administration.

To show, however, as has been often done before, that no single agent can be implicitly relied on in this or in any other complaint, notwithstanding the amount of praise it may receive, the following particulars are given.

Just as the "Washington Allston" was being loosed from her fastenings, at one of the wharves in Boston, a gentleman, whose silvered hairs and placid eye spoke of the flight of many years and the benevolence of his heart, stepped on board, and understanding me to be a medical man, whispered in my ear and said that he thought we should have a great deal of sea-sickness among our company, as there were several ladies and a number of young children among them, and advised me strongly to try "morphia" in all such cases; that he had great experience of "sea life," and had tried the medicine with the happiest effects. According to this suggestion from the venerable man, and he may have been a physician for all I know to the contrary, I employed it in three cases, giving the sulphate of that article in the proportion of one sixth to one fourth of a grain in powder, mixed with a little sugar. This dose I placed upon the tongue, with some drink to wash it down. In one case it afforded relief; in the other two it had no effect beyond causing a sense of drowsiness for two or three hours.

As experiment is a governing "law" in medicine, it becomes both physician and patient to be obedient unto law. Thus, anything which holds out a hope of being serviceable, must be tried. Accordingly, effervescing draughts, aromatic drinks, stimulants, as a spoonful of brandy with water, or a couple of ounces of wine, have each been used, though only with temporary benefit. A ginger plaster and mustard sinapism were applied to the region of the epigastrium, with a similar result.

The principal indication, however, seems to be to clear out the bowels. Till this is done, the prospect of affording permanent relief is faint indeed. For this reason it is that sailors are in the habit of dosing themselves with "sea-water." They take from half a pint to a pint of it at one time. It generally produces the desired effect, and removes their difficulties without further trouble. But as all persons, and more especially ladies and children, cannot swallow so large and so nauseous a dose, other things must be selected from the medicine chest. The compound extract of colocynth, combined with a small quantity of blue mass, has uniformly proved, in these cases, a good cathartic. As the two articles thus blended act more particularly on the liver, and on the

lower part of the large intestines, where the lumpy portion of the fæces accumulates, these appear to be as useful as anything else that can be administered. If it be not sufficiently active at first, it is advisable to repeat it, or to follow it up by an ordinary dose of castor oil or the sulphate of magnesia. When the "alimentary canal" is thus cleared out, a sedative, as morphia or opium, will restore tranquillity to the system, and help to promote a cure. In obstinate costiveness, the employment of laxative enemata would of course be advantageous, or a drop of croton oil made up into a pill with a crumb of bread.

In children, doses of rhubarb and magnesia, or rhubarb and calomel, or the compound powder of jalap given in any suitable vehicle, will in general remove obstruction from the *prima viæ*, and make the little ones "look bright as ever."

With a sincere desire that these observations may *do good*, I now commend the subject to the indulgent attention of my medical brethren.

DENTAL AMALGAMS.

Bastard.—But there is little reason in your grief;

Therefore 'twere reason, you had manners now.

Hubert.—Do but hear me, sir.

Bastard.—Ha! I'll tell thee what;

Thou art damn'd as black, nay nothing is so black,

Thou art more deep damn'd than prince Lucifer.—*KING JOHN.*

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Like the poor berated innocent Hubert, I request, "Do but hear me, sir," in the simple cause of pathological truth; promising to trouble you no more on the subject of dental amalgams. With your kind permission I would like, for the purpose of elucidating several points, to place upon a right scent my distinguished cotemporary, but who simply subscribes his name—J. F. Flagg, M.D., No. 31 Winter street, Boston, to an article published in your Journal of the 4th instant, the tenor of which was directed to you, upon the merits of "mercurial compounds for filling teeth," but which, in fact, was a reply to my letter on "Dental Amalgams," published in your Journal on the 14th ultimo. Dr. Flagg says in his letter, "I ain not willing that such an article (Dr. Castle's) should have the aid of your Journal to disseminate doctrines"! &c. I would beg to say, that I did not advance one single idea in my article as a "doctrine"! I gave to the world true incontrovertible *facts*, with which you had no more to do, than you had with the original article published in the Baltimore Dental Times, but which you published, induced, no doubt, from that spirit of "fair play" which has always characterized your conduct in your editorial position and capacity. Dr. Flagg says—that I (*Dr. Castle*) "*have seen already the amount of what he (Dr. Flagg) has to offer on the subject.*" What Dr. Flagg may have to offer, I know not, and care little; but this I can assure the readers of your Journal, *that if one breath alone remained to me*, to give utterance before my soul winged its flight into

eternity, I could conscientiously state my experience, that I have never seen any injurious effects, constitutionally or locally, in any one individual whose teeth has been filled with pure gold or silver amalgams. Peculiarly, it is of little moment to me whether the patient have his teeth filled with gold, silver, tin, or amalgams. In my medico-surgical practice, as applied to the true pathology of the teeth, I shall avail myself—which common sense dictates—of twenty-five years' observation upon correct experience, which recommends the various materials of gold ! tin !! and amalgams !!! for the preservation of the teeth, in accordance with their physical peculiarities, as they are found in the various diatheses of different constitutions. This *important point* in my dental practice I shall satisfactorily illustrate to the medical reader and to the dental profession in my notes upon Dento-neuralgic Affections. Dr. Flagg may have seen much disease in teeth filled with amalgams ; as amalgam is often put into teeth, because no other material in such cases can be used. But Dr. F. has never—and he says he never will—use amalgams in his practice. Is Dr. Flagg, under such circumstances, capable of judging or sitting in judgment upon this compound ? Do people go to dentists or to Dr. Flagg because their teeth are satisfactory to themselves ? As well might the poor cobbler, hammering upon his lapstone, exclaim—*I have no faith in leather*, shoe-makers and boot-makers are dishonest, their leather does not protect the toes and feet from corns, “hard” or “soft,” nor do their boots and shoes prevent the toe-nails growing into the flesh, or prevent people “taking colds ;” *ergo*, boot and shoe-makers are dishonest : but cobblers ! with *their* wax and thread, are “all honorable men.” I fear that Dr. Flagg will have to stand on *that* “watch tower” for a long period, exercising the instinctive “cry” of himself and his friends the immortal council of eight anti-amalgamists—“*beware of the enemy*” ! before he can make your readers believe that their or his own simple denunciations are either arguments or proofs of the pernicious properties of dental amalgams. Dr. Flagg says—“*I have scarcely passed a week during many years since this obnoxious article was introduced, without witnessing some of its injurious effects.*” Yet Dr. Flagg has been, all this period, standing on his “watch tower” ! at least since 1847, and his “voice was never heard.” Philanthropically inclined as I feel, I would relieve Dr. Flagg from his painful position on the “watch tower,” and propose to him an easier mode of crying “beware of the enemy.” To Dr. F. and those gentlemen with him—Dr. Parmly of this city, and Dr. Harris of Baltimore—who have seen “so much misery,” and such “pernicious effects” for the last twelve years produced by its presence in the teeth of patients consulting them, I would suggest to call the attention of the Warrens, the Motts, F. U. Johnson, &c., the professors of the medical colleges of their several places, to this “poisonous material” ! and its poisonous, injurious effects on the teeth, the health and the constitutions of the thousands daily availing themselves of its application to their teeth. Would not those apostles of Hygeia, and Minerva who sometimes wielded the *thunderbolt* of her father Jupiter—upon the sanitary principles of public health, and still more as the guardians of those

who especially place themselves under their professional care in their sacred and confidential capacity and character of "family physician"—would not these gentlemen under such circumstances warn their friends and patients to "beware of the enemy"? Would not our Gamaliels, in the many temples devoted to Hygeia, be too happy in their teachings, upon being made acquainted and *practically satisfied* with the facts! of the vast, *continuous*, wide-spread, devastating effects produced upon the constitutions, the health and the teeth of the many thousands upon thousands, whose cases would ultimately be brought under the charge of their numerous medical classes, when from their transition embryo state they had fledged into veritable M.D.'s—I repeat, should not these gentlemen deem it to be their religious and moral duty, really from *their* "watch towers" to warn the medical student of this dishonest, this outrageous mal-practice (if founded in truth) of the "amalgam dentists"? Would they not prepare the student's mind for the consequent and the *peculiar* abnormal condition of local and constitutional difficulties with which they would have to contend, and upon which they would have to make deductions from new *diagnostic* marks in connection with disease? Truth is great, and it must prevail. Denunciations do not comprise *truth*, nor are they *proofs*; but they are more easy, more practicable, more likely *ad captandum* to impress the unthinking, than the professional, the dignified, the truthful, and the correct mode I have proposed above, to prove their own "doctrines" and to expose their own stultified dogmas.

Dr. Flagg having hung his "banner" on the outward wall of his "watch tower" or castle, says, "What I have said is not to be understood as entering into any controversy with the writer" (Dr. Castle). O dear, no. Dr. Flagg need labor under no apprehension that his simple denunciation will be mistaken for a "controversy." I must, however, applaud the self-denial and the self-respect of Dr. F.'s repudiation of any such idea; feeling assured, as I do, that if the remotest chance offered itself, or if there existed the slightest *vraisemblance* to any kind of truth in the assertion, "*that scarcely a week passed during many years that he [Dr. Flagg] did not witness some of the injurious effects* resulting from the exhibition of dental amalgams in decayed teeth, Dr. J. F. Flagg, as well as his friend Dr. Eleazer Parmly of this city, and the Baltimore College of Dentistry and "Times," would singly be too happy, and combined too eager to avail themselves of such *demonstrative facts*, in contradistinction to fifteen years of unprofitable controversies and endless ridiculous recriminations! especially with such opportunities as Dr. Flagg offers of demonstrating the mental *cachexia* of their professional amalgam opponents. No! indeed, such seasonable chances would afford luxuries too *gold-en* to be readily lost sight of.

In volume 36, July 21, 1847, of your Journal, Dr. J. F. Flagg, on the subject of dental amalgams, says, "I hold them to be injurious in their effects, and though in some instances *they remain for a long time and appear to be harmless*, they do in all such fall short of gold in effecting the preservation of the teeth." Again, "Although cases do occur in which I am led to judge that I might do some temporary ser-

vice, with but little if any [!] risk of injury, by making use of them, I am still determined not to have my name connected with such an operation." Now I would ask, how can Dr. J. F. Flagg reconcile his statement respecting the demonstrated superiority of gold fillings, in the worst cases that occur, where an operation can be relied on (why, any material is good if it can be *relied on*)—with the statement made in the Boston Medical and Surgical Journal, Vol. 35, page 527, wherein Dr. Flagg of Philadelphia states that he and his brother in one year bored! (tapped?) into two hundred teeth filled with gold!! to let forth the *pus*, in these numerous cases of intro-dental abscesses.

I would here again provoke, as well as challenge, any anti-amalgam dentist to produce *properly medical authenticated* cases of constitutional irritation or local injuries done to the teeth, alveoli, maxillary bones, or the mouth, or to the teeth alone, unless the filling has mechanically pressed on a living nerve, or where chronic periostitis has been super-induced by the corrosive agency of arsenic, and which has been attributed to amalgams. I will make this offer. To every five dentists, whose practice, individually, does not exceed my own, for each tooth they will produce, said to be injured, poisoned or destroyed by a pure amalgam, I will exhibit a tooth—tooth for tooth—filled with gold, as well as those which have never been filled, presenting *precisely* the same physical appearance, abnormal condition, or in a state of necrosis or death. I will show, by Harris's Dictionary of Dental Science, that these anti-amalgamists do not know how to prepare amalgams, or what their properties are. To wit, this Dictionary first says an alveoli abscess is a *gum-bile*. I was always taught that bile! was secreted from the liver. "*Castings*," or metallic models for making artificial teeth, are placed as a branch of "*dental surgery*." And under the word *amalgam*, it says, "Within the last few years an amalgam of mercury and silver, either alone or in combination with finely-pulverized silver [?], *glass* [!], or *pumice* stone, has been used by many dentists." Now this knowledge of the cohesion of opposites, or such queer chemical combinations, is amusing, as it proves authoritatively how little these gentlemen know of a material which they have never used. I will only add that Dr. E. Parmly, the champion of the anti-amalgamists in this city, says, page 79, vol. 37, of your Journal (stated by Dr. Ware), "I would here own the merit of F. H. Clark, Esq., in stopping teeth with it (mineral paste), which I had failed to secure with gold. *There are many such.*" Dated May 31, 1847, at No. 1 Bond st., New York. If this certificate from Dr. Parmly be not sufficient, I will produce—after these gentlemen shall *have proved* the injurious effects of dental amalgams—many individuals in this city, distinguished for their respectability and social relations, who sixteen years since and upwards applied to Dr. Parmly to have teeth filled with gold, but which he stated to be beyond hope of redemption, and advised their extraction. *Th same teeth at the same time I filled with amalgam, and they remain permanently useful to this hour!* A pertinent question I would put to these gentlemen. If gold possess such wonderful preservative properties, how is it so many persons commence with the filling of a single

tooth, through all the gradation of numbers, finally to wear an artificial set of teeth? and that, too, long, very long before the period of "green old age."

In conclusion, soon after Dr. Parmly declared so fearlessly in the Tribune (N. Y.), May 28, 1847, that he "had no confidence in the integrity of those dentists who use amalgams," his friend Dr. Lovejoy, of this city, called upon him, and demanded if he meant to include him in that sweeping clause. "By no means, my friend," was Dr. Parmly's reply; "if all used it as you do, I would not have one word to say." In Dental Recorder, Dr. Parmly has also been standing on that "watch tower," for the last fifteen years, from which the two gentlemen have done nothing more than *denounce*. I would advise them to "cry

"Hang out our banners on the outward walls;
The cry is still they come; our castle's strength
Will laugh a siege to scorn," &c.

Or they may still continue to exclaim, in their own peculiar vernacular—*reductio ad absurdum*—"Beware of the enemy."

If the above-named gentlemen can by any opportunity practically exhibit that properly-prepared *dental amalgams* are in any way injurious, I will prove *my* sincerity, and show my hand first as being in error. If the above gentlemen can show a tithe of the majority of the professional brethren to be "dishonest quacks," pseudo-dentists, and guilty of imposition upon their patients' pockets as well as health by the use of amalgams, I will say with them—

"Put in every honest hand a whip
To lash the rascal naked through the world,
Even from the *East* to the *West*."

Very respectfully,

New York, Feb. 14, 1852.

A. C. CASTLE.

CASE OF NEURALGIA OF THE HEAD.

[Communicated for the Boston Medical and Surgical Journal.]

THE following is a case of neuralgia or tic douloureux of the head, which was successfully treated by me in the year 1834, since which no recurrence of the complaint has taken place up to the present time. What gives additional interest to this case, is the fact that for more than a year previous to my seeing it, the treatment that had been resorted to had not given the slightest relief, in consequence of a wrong diagnosis, and the adoption of a course of treatment not warranted in the case.

September, 1832.—Nathaniel Jarvis, Esq. aged 47, a native of New York, who had previously enjoyed unusual good health, was attacked with severe pain in the head over the forehead and temples. This was at first thought to be only an ordinary case of nervous headache, and the domestic remedies were resorted to which are usual in such cases, but without benefit, the pain gradually increasing, accompanied with darting pains and twitching of the nerves, which became so excruciating as to render him almost blind. He now sent for a physician and placed himself under his treatment; but not being in any way relieved, two other

physicians were also called in. I am not acquainted with the treatment resorted to, other than he stated to me that he was leeches, cupped, and continually blistered, and also kept constantly under the action of narcotics of various kinds. On a consultation, his case was pronounced enlargement of the bones of the head, and an operation was determined on. The forehead was slightly swollen and inflamed. What was the nature of the operation intended, or its object, I have no means of knowing—as the operation having been commenced with an incision of such a nature as to enable them to observe the bone, it was found to be perfectly healthy, no disorganization having taken place, and the operation was then abandoned. He was treated after this for neuralgia, but without benefit, and was kept almost in a state of stupefaction with morphine. He placed himself from time to time under the treatment of other physicians, but with no better success. He then made a voyage to New Orleans, in hopes that change of air might have a beneficial effect, but he returned to New York even in a worse condition than when he left. On his arrival he called on the late Dr. Bush. After relating his case and what had been done for him, Dr. B. declined doing anything for him, but recommended him to call on me.

I first saw him October, 1834. He had now been suffering, without intermission, excruciating pain from the time he was first attacked. He had only momentary relief while under the action of morphine in such doses as under ordinary circumstances would have been attended with danger. On examining him I felt satisfied that his case was neuralgia or tic douloureux, involving the ramifications of the fifth pair of nerves. He was nearly blind, and his whole nervous system was in a state of great irritation from his long and severe suffering. His appetite was miserable, his digestion bad, bowels torpid and constipated, his urine very scant and high colored, and his bodily strength greatly reduced. Previous to this I had had several similar cases, and having successfully treated them I determined to adopt the same principles of practice in this case as I had done before, viz., to produce paralysis of the whole nervous system, and temporarily suspend the action of the heart and circulation, then restore the circulation again and the nervous energy, only keeping the nerves which were the seat of the disease in a state of paralysis by local applications over them, and by the internal use of such remedies as act on the nervous system generally. The functions of the stomach, bowels and kidneys in the mean time to be restored, and the general tone of the muscular system to be strengthened by proper tonics, &c.

To carry out this intention, I first ordered his head to be shaved, in order that I might be able to make such applications to it as would arrest the tendency to congestion consequent on the treatment to be adopted. The head having been shaved and a wig procured, I prepared the following and administered it to him myself. R. Acid hydrocyanic (Schiel's preparation) minim ij.; aqua, ʒ ss. M. I carefully watched its effects. Faintness and nervous prostration gradually came on, the pulse sank and the heart almost ceased to beat. When the effects of the acid had been carried as far as I deemed prudent and safe, I ad-

ministered to him—*R. Aqua ammonia* (pure and concentrated), gttss. xx.; aqua, ʒj. *M.* Dose, a tablespoonful frequently repeated; causing him also to freely inhale the concentrated ammonia by the mouth and nostrils. His head was also freely bathed with a stimulating evaporating lotion, composed of alcohol, strong French vinegar, and water, equal parts of each. Re-action in a few moments took place; the pulsation of the heart was restored, the pulse rose, and consciousness soon returned. The nervous system, however, remained in a great measure in a state of prostration. In order to keep the affected nerves in a state of paralysis, I prepared the following ointment, which was rubbed over the seat of pain till it became benumbed, and it was renewed from time to time to keep it in that state. *R. Veratria*, gr. xx.; axung., ʒj. *M. et ft. unguentum.* In order, also, to equalize the nervous system, I gave the following pills:—*R. Ext. belladonna*, gr. x.; *ext. stramonii*, gr. x.; *ext. hyosciamus*, ʒj.; *ext. valeriana*, ʒj.; *oxide zinci*, ʒj. *M. Fit. pil. no. 75.* Dose, commence with one pill for the first day, and then increase one pill a-day to each dose, till they produced enlargement of the pupil, &c., when cease taking the pills for two or three days, and then commence with them as before, one pill the first day. I entirely deprived him of the use of morphine or any other opiates, but as a substitute gave him pills of lupuline in doses of gr. vj. to gr. x. as occasion required, and gave him the following tea as a general drink. *R. Rad. valerian* (German), fol. *hepatica Americana*, humuli, flores filix, āā ʒij., infused in one quart boiling water.

Under this treatment he experienced almost immediate relief, and following it up for a few days, sensibly diminished the pain, and the nerves being in a partial state of paralysis ceased their twitching and painful motions, and he was now able to obtain something like natural sleep, which he had not had since the commencement of the attack. My object being to keep the nerves for some time in a partial state of paralysis, I again repeated the acid hydrocyanic, but in the dose of one drop only; this produced the effect of quieting the action of the nerves, which had again nearly assumed their natural tone. I also substituted for the veratrine ointment the following:—*R. Ext. aconita concentrate*, grs. viij.; axung., ʒj., and applied it over the seat of the pain, continuing the pills and tea as before. After following up this treatment for a few weeks, all pain and irritation of the nerves had entirely ceased; he slept soundly and naturally; his bowels, which had been regulated by gentle medicine, were now regular, appetite good, and he was apparently well. But in order to be sure and have no relapse, I kept him under the action of the tea and the pills for a few weeks longer, when I discharged him as cured. He has had no relapse of this complaint, or been ill in any other way, up to the present time. Since his recovery he has held the office of Alderman of 12th ward of the city of New York during the years 1839, 40 and 41, and county clerk for the county of New York during the years 1842, 43 and 44. He now commands the steamship *Pacific*, running on the Pacific Ocean to San Francisco, in Vanderbilt's line of California steam ships, and is a strong, hale and hearty man.

Yours respectfully. J. X. CHABERT, M.D.

No. 431 Grand st., New York, Jan. 17, 1852.

PHOSPHATE OF LIME AND COD-LIVER OIL IN PHTHISIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The editorial statement (in your number for March 3) of a case which had been benefited by the use of phosphate of lime and liver oil, is very interesting; but it is calculated to mislead and excite false hopes, unless the reader takes into consideration the physical signs as well as the rational. Prior to stating the physical signs, I wish to say that it is true that all the rational signs have improved as you stated. Some, such as the hectic fever, poor appetite, pains in the chest, &c., have wholly disappeared; others remain, but are much less manifest. The whole aspect of the youth is wholly different from what it was either in June or November, 1851, at which times I saw him in consultation with his attending physician. In June, the physical signs were as follows. Percussion and voice good everywhere. The respiratory murmur was a little louder in the upper third of the left lung, front and back, than in the corresponding parts of the right, and occasionally, on a full breath, after coughing, I heard a distinct sonorous rale, *limited wholly to this same upper lobe*. From the rational signs and these slight physical ones, I inferred the existence of tubercles, *sparsely* disseminated in the part. Notes to this effect were made at that time.

In November, all the rational signs were much worse, and he was in the condition you mention in your editorial, as existing before the use of the oil and lime. He had likewise suffered from hæmoptysis. The physical signs were augmented, and there was distinct crackling with every inspiration over the space above named. Finally, since your editorial, I have examined the patient again, and I find that *notwithstanding the improvement in the rational signs, the physical signs have augmented*, as the following statement will prove.

Percussion, *flat* over the whole of the left breast, and at the top of both backs more dull than usual. Tubular respiration, with coarse crackling down to the fifth rib in the left breast, with great resonance of the voice. Behind, there is crackling even to the base of the left lung, but it is less at the bottom than at the top. The murmur is less throughout this lung than in the right. The right lung has a little more resonance of the voice at its top than is usual; but generally it is wholly free and seems quite healthy.

I infer, therefore, that the tubercular disease has really augmented, but the extra quantity of nutriment administered by the oil overcomes the natural tendency to emaciation and improves all the functions of the system, in spite of the gradually augmenting physical disease. This may seem strange; but it is not a unique case in my own, and I presume is not so in the practice of others. I have now a young man who has gone through the fattening process to so great a degree that it was rather disagreeable to look at his face. It seemed as if the oil would *exude* from it! All the symptoms improved, and the friends could not believe that he was doomed to a fatal complaint. I could not, however, give encouragement while I found such physical signs. My fears have proved but too true. The oil and lime now disquiet him, and he is

failing fast. Nevertheless, I have advised the renewed use of the oil, with the more perfectly prepared lime of Mr. White. I would fain *hope* for good, but my *reason* teaches me that from the course the disease has already followed, the *probabilities* are that it will continue to progress, and that there is little chance of recovery. Such, I fear, will be the result in the case alluded to by yourself.

It is very unpleasant to me thus to suggest doubts as to the beneficial results of our new remedies. Cod-liver oil has acted, in my practice, with a power that no other remedy has possessed; but I fear that we have not yet discovered a remedy that will certainly cure all cases of phthisis. I have entire faith, however, that at some future time a remedial or preventive course of treatment will be established, which will check that terrible disease in decimating the world as it does at present.

Yours respectfully,

Boston, March 11, 1852.

HENRY I. BOWDITCH.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 17, 1852.

Proposed Re-organization of the American Medical Association.—At a meeting of the Philadelphia County Medical Society, in February, Samuel Jackson, M.D., the President, read a paper which must have created a sensation among the members, as it is well calculated to do in the profession generally. A note says it "was not discussed by the Society, owing *probably* to the lateness of the hour." The fact is apparent that the man who dare stand up before the Philadelphia physicians and declare, without qualification, that "*The American Medical Association is not a republican institution—it is aristocratical, both in its origin and in its continuance,*" is either a bold fault-finder, or too independent for the corrupt age in which he lives. Dr. Jackson has cut a wide swath, in rural language, and absolutely mown down—so far as exposure can do it—a hecatomb of absurdities that surround and hedge in the usefulness of our great National Association. He sees, as have others who had not the courage to proclaim it from the housetops, that it is a machine controlled by a select few, who ascend on one side of the revolving wheel, while, Juggernaut-like, the masses constituting the ideal sovereignty of American medical science, are hidden if not crushed into oblivion by it. Dr. Jackson proposes a remedy for the difficulty, and one that may be considered necessary for the safety of the Association. He suggests that the Association consist of delegates from County Societies only. After pointing out the abuses that will spring up under the present organization, and showing how completely it is in essence a close corporation, in which friends play into each other's hands, he leisurely and logically proceeds to show a process by which a re-organization may be readily brought about, that shall harmonize with the genius of our institutions, and thus fit may become, as was originally intended, a blessing to the United States. Had Dr. Jackson been a smaller man in calibre, he would be speedily annihilated by those who will find themselves circumscribed in their projects of

ambition; but, under the aspect in which he presents himself, the only safe retreat is to fall in with his views, as he will doubtless have immense majority of the profession with him.

The following brief extract will show the organization which Dr. J. proposes, and also the able manner in which the subject is handled by him.

"1. Let the Association be composed of Delegates from County Societies only.

"2. Let every man receive, as soon as he is elected into his County Society, a diploma, testifying that he is a member of said County Society, of the State Society, and of the American Medical Association. He is then one of the great body of the brethren in the United States; he is ready to be elected a delegate whenever his fellows see fit to elect him; he is ready to give his vote in the election of others; he is now a member of the great medical republic of his country. He therefore values his diploma from the County Society more than that from the University; for the latter only testifies that he is a Doctor of Medicine, the former makes known that in addition to this, he is now a respectable citizen, a practitioner in good repute, and a member of the American Medical Association. 'Tis true, he may never be made a delegate, time and chance happeneth to all men; he may not even desire this honor, but he is not less a member of the Association because he may never sit in their meetings. We are not less citizens of the United States because we have not been delegated to Congress; we are citizens of Pennsylvania, contributing to and partaking in its government, though never deputed as legislators. We are Episcopalians, Presbyterians or Methodists, as soon as we are formally admitted into these churches, though we may never be sent to their Conventions.

"Do you call this nothing? But all others consider it of great importance to their happiness. See how eagerly the young man of 21 years runs to the polls; see how impatient are foreigners for naturalization, that they too may vote for legislators, when they have no hope of becoming such themselves. The members of County Societies may give their instructions to their delegates; this little privilege is highly valued in politics, why should it not be in medicine?"

Progress of Imposition.—Boston has been celebrated for its notions—but a mania, which is in the ascendant at this particular moment, far excels all preceding ones in point of absurdity. Both men and women, of reputed intelligence, who have heretofore been sane in all the common affairs of life, are making themselves and the city ridiculous by suffering their reason to be dethroned by the rapping furor. Many of them will bear no intimations that run counter to their individual opinions on spirit intercourse. We witnessed the hysterical anger of a very accomplished young lady, from a neighboring city, last week, who shed tears abundantly because a gentleman presumed to denounce a boy-medium who was imposing upon her in the grossest manner by his pretended intercourse with the spirit of his defunct grandfather. She said it was a shame and a disgrace to proclaim as a knave an innocent little boy, who could have no motive for deception! And yet the arch fellow had secretiveness and knavery as plainly written on his head, as the exactest laws of phrenology demand. But still she wept with vexation and imagined insult—for it was evident there was a pleasure to her in being deceived. This is but a

solitary illustration of the progress of the rapping delusion in our city. It has not yet reached the culminating point—nor will it abate till the shafts of ridicule fly thickly and pointedly; for reasoning with the victims is perfectly hopeless, since many of them have no reason left. Dr. Underhill's farcical exhibition of himself in the midst of a convention of rappers at Cleveland, Ohio, must have been a sickening exhibition. Perhaps, however, it is as well to laugh as to cry over the absurdities of mankind. One folly succeeds another in rapid succession; and those who would naturally be supposed, from their social position, education and mental training, the strongest bulwarks against the extension of delusions like this, sometimes prove themselves the main props to support them.

Phosphate of Lime.—Mr. Samuel Kidder, a careful, reliable apothecary, of Charlestown, has prepared some of the phosphate of lime, in accordance with the views of physicians, by reducing it to an impalpable powder, for the use of consumptives. Those who have read of the success of this new treatment, and have any disposition to resort to it, would find it more satisfactory to have a good article, than to lose time by the administration of an impure one. Mr. Kidder's experience in his own family has convinced him that much of the value of the phosphate depends on its fineness; and if some have been unsuccessful with it, possibly by reducing every dose to an impalpable powder they may produce entirely different results. Such is the simplicity and feasibility of the experiment, that it is really worthy of repetition by practitioners. Dr. Bowditch's remarks in to-day's Journal, which apply, however, more to cod-liver oil than the lime, are worthy of attention.

History of the Art of Midwifery.—Augustus K. Gardner, M.D., of New York, gave a lecture at the College of Physicians and Surgeons, introductory to a course of private instruction on Operative Midwifery, intended in part to show the past inefficiency and present alleged incapacity of females in the practice of obstetrics. Dr. Gardner stands in no fear of anathemas from the advocates of female medical colleges, otherwise he would have been more reserved in his condemnation of the new order of physicians now springing up among us. If some of the female professors should fall upon him, it is uncertain what would be his fate. Of course they will take all his prelections in high dudgeon, and hold him up as one opposed to the progress of the age and woman's rights. The lecture is, however, a sensible, straight-forward and instructive one. Every line of its historical memoranda is particularly interesting. Very few have the faculty of compressing so many facts into a few paragraphs. Of the great importance of anæsthesia in labor he bears testimony, and emphatically advances the belief that *before this generation has passed away*, labor will be "*rendered a painless and every-day occurrence.*" Medical writers generally, in our day, relate the views of others, and rarely hazard an opinion of their own. Dr. Gardner will not suffer under this imputation, for he says precisely what he thinks, and in his own way. There is neither concealment nor hypocrisy in his writings.

Medical Improvements—Dr. Williams's Address.—Dr. Williams's discourse before the Franklin (Mass.) Medical Society, has been read

with much satisfaction. He is an admirable chronicler and one of the most industrious, worthy members of the profession in New England. Had the paper not been published in a neighboring Journal, it would have gratified us to copy liberally into our pages; but courtesy forbids it.

Artificial Breast.—An improvement has been made in the lacteal invented some years since by Dr. Windship, of Roxbury, that will be appreciated by mothers and wet nurses. It is a glass imitation breast, with an India-rubber nipple. The infant would thrive with it—and its contrivance is such that it may be worn and the child nursed in the common manner, so as to deceive even an observing spectator. Physicians will find the article in all the respectable apothecary stores of Boston. The proprietors are Messrs. Marsh & Loomis, of Roxbury.

Canada Medical Journal.—We little expected, when recording, a few weeks since, the demise of the British-American Medical Journal, that from its ashes would so soon arise a new candidate for professional patronage. But such is the case, and there is now lying before us No. 1 of a monthly periodical with the above name, fair-looking and lively, and with every apparent promise of a long and vigorous career of usefulness. Drs. R. L. Macdonnell and A. H. David, both of whom are connected with St. Patrick's Hospital and the St. Lawrence School of Medicine, are the editors. They appeal to the medical profession in the two provinces for a support sufficient to cover the expenses of the work, and we hope their modest appeal will be favorably responded to. It is published at Montreal, at \$3 a year. Several of the articles in this number are printed in the French language.

Medical School of Harvard University.—We understand that twenty-five gentlemen were examined and approved for the Medical Degree, at the close of the course of lectures just finished, making nearly forty graduates from this School during the year. The names will be given when the diplomas shall have been awarded by the President and Fellows of the University.

Boston Bill of Mortality.—It will be seen, by our weekly report, that the number of deaths in this city last week was unusually small—smaller than it has been in any one week, in March, since 1848. In 1849, for five weeks ending March 31st, the average weekly mortality was 95. Last year, for five weeks ending March 29, it was 73. The proportion of deaths by consumption, the last week, was unusually large, being about one third of the whole, and the number was greater than in the sickly spring of 1849. It would seem that the extensive use of the new remedies for this disease among us has not yet done much towards lessening its fatality. A more exact calculation, however, compared with the increase in our population, might show a more favorable result.

Varioloid—Anomalous Effects of Vaccination.—Dr. Jewett, of New Haven, Conn., reports to the editor the following curious case, an

explanation of which is rather perplexing even to those experienced in the disease.

"I was called, a few weeks since, to vaccinate a child who had been exposed for five days to the contagion from a very mild case of varioloid. I vaccinated the child on two successive days. Both of the vaccinations took well, and passed through their regular course, the child suffering but little except from the local affection. On the ninth day of the vaccination, the patient was taken with severe fever, which continued for about 24 hours, when she "broke out" with varioloid, and was quite sick for several days. The pustules were numerous, and were to be seen in the throat, nostrils, and inside of the mouth. Was this true varioloid? If so, had it remained dormant in the system during the period occupied by the vaccine disease? I would state that I have used the matter taken from the patient, in vaccinating several children since, and have found it to be of a good quality."

Medical Miscellany.—Henry Gibson, 101 years old, appeared at the celebration of Washington's birth-day, February 22, in New York.—Mr. Schneider, residing at Earnest town, Canada, is now 108 years of age, and cuts a cord of wood in a day.—An address before the Orleans County (Vt.), Medical Society, by Geo. A. Hinman, M.D., of sterling merit, has appeared in the *Irassburg* newspaper. It is a pity it had not been sent to a professional Journal, the proper organ for such articles.—Mrs. Bowls, of Cincinnati, Ohio, in February gave birth to four children.—A Mrs. Doane, of Tioga, N. Y., has recently had three children at one birth, a daughter and two sons. She had twins twice before.—A magnificent historical picture, of Ambrose Paré tying the first artery, on a field of battle, is being executed for the School of Medicine in Paris.—A cancer hospital, in London, is fully supplied with patients.—A kind of fever, bearing some resemblance to the spotted, has appeared in the northern part of Vermont.—Hiram Wilcox, of Dayton, Ohio, in assisting, about two weeks ago, to take a drunken man to jail, was bit by him on one of his fingers. He gave but little attention to it until a few days after, when it became swollen and painful, with every appearance of erysipelas. The ordinary remedies in such cases were applied, yet the inflammation spread rapidly from the hand to the arm, and finally to the body, growing worse and worse, until mortification put an end to his life.—The skeleton of part of the head and the tusk of an elephant has been found on Burlington Heights, Canada West, beneath the strata of stone and gravel.

TO CORRESPONDENTS.—The following communications have been received:—Case of Diseased Spleen in a Child; cases of Aberration in Dentition; a continuation of Piorry on Pleximetry and Auscultation; two cases of Obstinate Hemorrhage; case of *Distoma Hepaticum*.

DIED.—In Worcester, Ms., Dr. John Park, 78.—At Hebron, Conn., Dr. Daniel Arnold, 89.—At New London, Conn., Dr. Isaac Thompson, 76.—At New York, Dr. A. J. Rand, of ship fever, formerly of Massachusetts.

Deaths in Boston—for the week ending Saturday noon, March 13th, 55.—Males, 27—females, 28. Accidental, 1—disease of brain, 1—inflammation of brain, 2—consumption, 16—convulsions, 1—cancer, 1—dropsy, 3—dropsy of brain, 1—erysipelas, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 2—hooping cough, 3—disease of heart, 1—infantile, 3—inflammation of lungs, 8—disease of liver, 2—old age, 1—scrofula, 1—thrush, 1—teething, 1—tumor, 1—ulcer, 1—worms, 1.

Under 5 years, 17—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 9—over 60 years, 3. Americans, 24; foreigners and children of foreigners, 31. The above includes 2 deaths at the City institutions.

Gun-shot Wound in a Child—Recovery.—Of all persons, children may be considered least liable to injuries of this kind, and only great and most unwarrantable imprudence, as an accident of a very uncommon character, could expose them to injuries which they seem so little fitted to bear. The following case, however, will show that a gun-shot wound, even of a very severe kind, may be perfectly recovered from.

Owing to the very brief notes which were forwarded to us by the kindness of Mr. Lloyd, and our narrow limits as to space, we are compelled to restrict the history of the accident to the mere statement, that the child, who was only about five years old, was admitted into Queen's Ward, under Mr. Lloyd, for a wound from a pistol loaded with ball. The patient had been struck in the lower part of the leg, and the different tissues were much bruised, and their vitality seriously impaired, by the passage of the bullet, which was firmly imbedded in the parts. It was, however, extracted as soon as possible; simple dressing was employed, and in the course of a short time the child recovered, and left the hospital with a perfectly sound limb.—*London Medical Gazette.*

Tumor in the Palm of the Hand.—Mr. Higginson showed to the Liverpool Medical Society a small tumor of a fibro-cartilaginous texture, which he had removed from the palm of a woman's hand. The patient was 40 years of age, and in 1845 had had a similar tumor removed from the same situation. The first tumor had resisted various escharotics; the wound healed kindly. In 1847, a large medullary tumor was removed from the axilla; and the tumor now shown to the Society was removed three months since.—*Ib.*

Remarkable Case of Inanition.—The following extraordinary occurrence is detailed in a late number of the Kingston (Ky.) Republican:—

"On the 29th ult., a negro woman belonging to Mr. J. Harpending, of this county, got lost in the woods. Mr. H., thinking she had been stolen, offered a reward for her. He heard nothing of her until the 11th inst., when some boys who were hunting, found her, apparently dead. They returned home, and informed some gentleman of the fact. Messrs. B. W. Harpending, E. George, and one or two others, went in search of and found her, almost covered with snow; and supposing, as a matter of course, that she was dead, one of the party started to get a slide, while the others struck up a fire and awaited his return. One of them, wishing to see if decomposition had taken place, touched her with his cane, when, to his astonishment, she slightly moved her head. After applying the usual remedies she recovered sufficiently to converse with them. She stated that she had not eaten or drank anything but snow since she left home, and had been out in the weather all the time—fourteen days. She is in a fair way to recover. When she left home she was very fleshy, but when found, was perhaps the most emaciated creature ever seen alive. These facts can be substantiated by the testimony of some of the most respectable men of our county."

The papers mention a bill before the Legislature of New York, to compel apothecaries to attach a printed list of the ingredients of the medicines which they offer for sale. It is presumed the idea is to oblige them to do so with patent medicines.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, MARCH 24, 1852.

No. 8.

DISEASED SPLEEN, IN A CHILD.

BY JAMES AYER, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE little patient was perfectly well at birth, but was attacked with whooping cough when two months old, and had a severe course of the disease, with occasional convulsions. The early stages of teething passed along without special trouble. Whilst cutting the canine and molares, however, he suffered much from diarrhœa and sympathetic irritation of the stomach. At this period I occasionally prescribed for him. At length the diarrhœa took on a chronic character; the discharges were milky and of thin consistence, though not particularly offensive. The abdomen was considerably bloated, and flatus was freely evolved—presenting an unusually large and prominent appearance for a child 2 years old. He was occasionally troubled with pain of the left side, but manifested no disinclination to lying on it. Soon after the mother thought she perceived a greater degree of fulness of the left side—and at times, a bunch under the false ribs. My attention was first directed to the side in September last, when a very perceptible tumor was found beneath the false ribs, corresponding to the elevation of the spleen. A slight degree of tenderness was manifested on pressure, and in the movements of the little patient. The tumor became gradually more prominent and circumscribed, and assumed the appearance of enlarged spleen. The treatment adopted was mild alteratives of submur. hydrarg. and hydrarg. c. creta, and friction externally with stimulating liniments. Afterwards hydriod. potass. and syrup ferri iodid. were perseveringly employed. The tumor, however, increased; the urine became high colored and scanty, and ascites began to manifest itself, with constipation of the bowels. The child became very much emaciated, though he had a good appetite. Paracentesis abdominis was performed, and seven pounds of serous fluid evacuated. Considerable relief followed the operation, and the tumor could be felt at the time very distinctly. The child was tapped five or six times in all, at intervals of from two to four weeks; the last time, shortly before its death, ten pounds of fluid were drawn. The appetite was morbidly great, almost from the commencement of the disease. Diuretics appeared to have but little effect in controlling the serous effusion. Tinct. digitalis in-

ternally was the most successful; when applied externally, in liniment, its effect was scarcely perceptible. During his illness he voided, at times, a small quantity of bloody pus, a large scab, and a pin somewhat corroded. At the last tapping, only a day before death, the abdomen was perfectly diaphanous. My treatment commenced early in September, and closed, at his death, the 10th of February.

Autopsy.—Twenty-six hours after death, assisted by Dr. Moore, I made an examination. Subject emaciated to the last degree, abdomen very prominent, and walls transparent; skin smooth and glossy; lungs resonant on percussion. On making an incision through the peritoneum, found no adipose tissue interposed between it and the skin. The abdominal walls were not thicker than a sheet of drawing paper. A pint or more of serum was found in the cavity. Intestines healthy externally, but distended with flatus. Lungs healthy, and crepitant throughout. Pericardium contained two or three drachms of serum; heart a little large, but cavities and valves normal. Liver enlarged somewhat, its substance healthy; the gall-bladder contained three drachms of bile, of a dirty yellow color. Stomach healthy externally, but firmly adherent nearly throughout its larger curvature to the arch of the colon. This adhesion was very strong, and consisted of the epiploon. At the left of the stomach the spleen protruded, enlarged, and adherent to the stomach and intestines. On breaking up the adhesions, this organ was found to be hypertrophied. Externally of healthy appearance—its weight about eight ounces. Its structure was firm and hard, and studded throughout thickly with tubercles, a few of them slightly softened. A patch near the centre of the viscus had a scarlet hue, and the appearance of carnification. The protruding spleen corresponded in situation to the prominence felt externally. The stomach externally healthy; contained a little fluid. The colon adhered to the peritoneum, as well as to the spleen and stomach. Two passages were observed in these adhesive bands, with the appearance of ulceration, but they could not be traced to the cavity of the intestines. The colon at the adherent portion, on the left side, was irregularly contracted and contained scybalæ. The intestines were generally filled with flatus, and puffy. The kidneys were large, nearly double the usual size; the right healthy, and ureter perfect; the left contained one ounce of healthy urine, the ureter enlarged to size of a goose quill. A probe could be passed only two inches; the lower portion of the ureter was imperforate. The bladder was healthy, and contained half a pint of urine.

Three things are worthy of note in this autopsy. The extensive and strong adhesions; the enlarged spleen and its diseased structure; and the left kidney with its imperforate ureter. It is a subject of interesting speculation to determine what, if any, connection existed between these two distinct seats of disease. The kidney evidently was capable of secretion, but had not, probably for a long time, transmitted urine to the bladder. The right kidney was unable to discharge the duties of both, and hence we may clearly trace the ascites.

The diseased condition of the spleen may have produced inflammatory action of the stomach, the neighboring intestines and omentum, result-

ing in the strong adhesions described. Or possibly the source of irritation was within the intestines, producing contraction of their diameter, and causing inflammation of the surrounding organs.

March 15, 1852.

PIORRY ON PLEXIMETRY AND AUSCULTATION.

TRANSLATED FROM THE FRENCH BY M. M. RODGERS, M.D., ROCHESTER, N. Y.

[Continued from page 99.]

THE address necessary in pleximetry, is best attained by percussion with the index finger, which I always use, except occasionally the middle or ring finger. The left hand is inferior to the right, as an instrument of percussion—and hence the rule which I have constantly followed; viz., not to percuss with one hand or one finger alone, but with both hands, and with all the fingers in turn, as often as convenient, while learning the practice of this art. While, in this manner, one acquires the habit of using both hands, he arrives at results which he could not do if confined to the use of one only; for, in many cases, the parts or organs are so situated that percussion could not be employed if confined to one hand exclusively. Besides the inconvenience of percussing both sides of the chest with the same hand, we arrive at different results when we use both successively; a sensible difference in the dulness or sonoriety is thus distinguishable. I cannot imagine how this fact escaped me during the twenty-four years that I have used the pleximeter; only that I know, that in these sciences (medical) we know little as yet. We do not often get beyond the analogy of the facts observed, and we find it difficult to act in accordance with fixed rules, at the moment when a fact is discovered by observation.

Whenever we percuss the posterior part of the chest, the lung of the side corresponding to that on which we are placed, appears more dull than the other: this is because the bodies of the vertebræ are in the direction of the shock or blow. When we percuss the angles of the ribs, we find dulness. I have often observed the possibility of errors in grave diseases, in this way. To avoid this, we should percuss perpendicularly the surface of the ribs, whether inside or outside of their tuberosities.

I have often asked myself the question, why is the right index finger superior to all the others, for percussion? Certainly it is not on account of the sensibility which the others lack; it is not, that the shock made with this finger is sharper. Whence, then, comes this difference? Without doubt, from an organic change of sensibility, by the habit of using it; by education; a modification which has not taken place with any of the others.

In using the pleximeter, it should be held lightly at first, and then more firmly, so as to depress the soft parts. In some cases the shock should be strong; in others moderately so; and, again, quite light. Sometimes we should percuss successively, in every manner, the same

place; but the pleximeter should be invariably held in perfect contact with the surface at all points.

I have never exaggerated the benefits of percussion; my only end being to cause it to be appreciated, as a means of physical diagnosis, which will thus lead to practical results. I wish to publish the following facts, in addition to my large work.

[These "facts" are in part peculiar *theories*, and foreign to the subject, except in so far as they relate to the pleximetrical results of examinations of cases treated by some methods claimed to be new; but as they may be no less interesting on account of being out of place, they have been included.—*Trans.*]

1. The influence of common salt on the spleen, in periodical disease and fevers, is analogous to that of soluble quinine. From one to two drachms of salt, dissolved in one or two gills of gruel or broth, and taken, either by the stomach or rectum, will reduce, almost instantaneously, to a considerable extent, the volume of the spleen, when enlarged. Soon after this treatment is commenced, the violence of the paroxysms of fever is diminished, or it entirely disappears. Slight periodic chills are almost always caused by an alteration of the spleen from its normal state; and both the chills and the pathological condition of the organ, are remedied by the salt.

2. I wish to call attention to the beneficial results of iodine, in the form of tincture and vapor, in the case of tubercles. Hydriodate of potash is made use of in some cases with equal benefit.

[Here M. Piorry relates several cases which presented all the physical signs and rational symptoms of tubercular phthisis, far advanced, which were cured, or apparently cured, by the use of vapor and tincture of iodine; he also applies iodine locally to scrofulous ulcers.—*Trans.*]

Those physicians who criticize my doctrines most severely, are precisely those who have taken little notice of either my writings or my practice; but those who have followed my clinics, have partaken more or less of my views. But I remain very indulgent to their opinions, and only wish that my professional brethren would study the merits of my doctrines at the bed-side.

[To be continued.]

TWO CASES OF OBSTINATE HEMORRHAGE, ONE OF WHICH WAS FATAL.

BY A. CHAPIN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE following two cases of hemorrhage were read at a recent meeting, before the Middlesex East Medical Association, and by request are furnished for the Journal. The first of the two cases has been erroneously reported in the papers, under the caption of *bleeding to death from pulling a tooth*.

CASE 1.—*Death caused by Hemorrhage from the Gum.* Feb. 2d,

of the present year, I was called in the night to see a lady, Mrs. Lock, of Winchester, bleeding from the gum. It had commenced in her sleep, at a point attached to a stump of the right central incisor tooth, and bled with alarming profuseness. The patient was, to appearance, more than 30 years of age; of an exsanguious aspect, and much debilitated by the wasting effects of a long and irritating *eczema* covering her entire system. In a course of medication for subduing this disease, she had used Plummer's pills, which had produced moderate pytalism, but from which pytalism she had for some weeks been recovered.

The hemorrhage I readily checked with lunar caustic and the application of a small compress, held in contact by a cork pressed up between the teeth. Some thirty-six hours after, I was called again; the blood had been flowing for some time. The protruding fang being in the way of making suitable pressure, I removed it, and covered the surface with cotton dipped in a strong solution of sul. copper, crowding it also into the socket; applied a compress, and found it again checked. The following night I was sent for, and found the blood oozing from an extended surface, which had been laid bare by the caustics. From that time great perplexity existed in arresting it. Consultations were held; the most active styptics, as catechu, tannin, matico, also alum, sul. copper, mur. tinct. iron, were successively applied. Pressure in different ways was thoroughly tried. The gum was repeatedly touched with a pencil of nit. silver, and with the actual cautery, and a ligature was put around a portion with a hope of enclosing the artery. But all were attended with only temporary benefit. The blood seemed too dilute to coagulate readily, and the bloodvessels too weak to contract.

At length, eight days after the commencement of the bleeding, and when it had flown almost continuously for near a week, it was checked effectually by the use of creosote, applied with a camel's hair pencil and a compress of sponge, aided, no doubt, by the exhausted state of the bloodvessels. Her pulse had then considerable strength; and though dark sordes had accumulated about the teeth and mouth, though partial coma, jactitation of the limbs, meteorism and general putrescency had supervened, the free use of tonics, stimulants and animal broths, sustained, and for a few days seemed to improve her appearance, and gave hope of recovery.

On the morning of the 15th, thirteen days from the commencement and three days after the suspension of the hemorrhage, she was delivered of twins, of three months advance. The flooding was not unusual in quantity, but was more than in her weakened state she could afford, and she afterwards sank with an exacerbation of her typhoid symptoms, and died three days afterwards, on the 17th.

During its continuance, the case was taken from my hands, and for some days was managed by a homœopathist from Boston, but with no *manifest* result. It will readily occur, that a typhoid diathesis was the probable predisposing cause of its obstinacy.

CASE II. *Hemorrhage from Leech Bites.*—Simultaneous with the preceding, and commencing on the same day, another case of bleeding occurred in my practice, almost as obstinate and perplexing.

For a child, about six months old, suffering with pulmonary congestion, I prescribed a couple of leeches of *medium* size, one to be applied to the chest to relieve the lungs, the other to the temple to relieve determination to the head which was complicating the case. When I called the next day, I found that, contrary to my directions, leeches of a very large size had been procured, and, as might have been expected, the bites were bleeding profusely, and could not be checked by the family. Compression but partially stopped it, and was uncomfortable and tiresome to the head, and cramped and oppressed the motions of the ribs. I at once used a pencil of lunar caustic, and stopped the flow of blood. A few hours after it had recommenced, having been started by the violent coughing of the child. I again stopped it with the lunar caustic, put over the wounds pieces of adhesive plaster, and over the whole repeated coats of collodion. These appeared at the time efficient, and *ought* to have proved so; but the coughing started one after a little time, and at the end of twenty-four hours the other covering gave way from the same cause.

The child had now bled almost continually for more than *four* days, and the general perturbation had become excessive. It was extremely weak, pale and exsanguious, with a moribund expression of the countenance; the pulse at times almost ceasing, and hydrecephaloid symptoms very marked. Instead of mere leech-bites, there were extended open eschars, produced by the caustic, not less than three quarters of an inch in diameter, and exuding blood from the whole surface. A full variety of styptics were tried, with no better success; when Dr. H. J. Bigelow, of Boston, recommended the removing compresses and coverings of every sort, and exposing the bleeding surface to the constricting influence of the atmosphere, on the principle that the compresses, together with the coagulated blood, served as poultices to heat and relax the bloodvessels. The method was adopted, with the addition of an occasional application of mur. tinct. of iron with a camel's hair pencil. The iron was also given to the mother and child internally. Under this method the flow of blood speedily diminished, and at the end of twenty-four to thirty-six hours we had the satisfaction of finding it entirely and finally stopped.

But here, too, as in the former case, there is reason to believe that the exhausted state of the bleeding vessels aided much in the final result, and that in both cases *nature* was the most potent and skilful operator. With the arrest of the hemorrhage, the child rallied and is now recovered. This patient, also, had been severely diseased with a cutaneous affection. A crustaceous scab covered the top of its head and much of its face, and the same disease, in minute eruption, spread over the whole system. Sulphur and calomel had been given internally, and a weak citrine ointment cautiously applied to the head to disperse it.

Winchester, Mass., March, 1852.

PANAMA FEVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed a few weeks since, in your valuable Journal, some account of this fever, from the Western Lancet. As some cases of it have come under my notice, I am disposed to send you a few words on the subject. Probably the cases occurring were in constitutions somewhat different from those seen by the writer of the above-named article. Yet in many respects we can perceive the disease presenting similar features, and demanding like treatment, with but one or two exceptions.

When the news of the discovery of a western Ophir came to these shores, the first among us to seek for its treasures were a class of individuals who had spent the greater portion of their lives upon the sea. With strong bodies and stout hearts they thought to endure any hardship with little difficulty. But after a voyage of six or eight months, in the capacity of passengers, they were ill prepared for the coming trials, in a land at that time hardly affording the necessaries of life. After spending one or two years with a variety of success, many with prospects less fair than when they arrived, they were disposed to return homeward, with a troubled mind and constitutions shattered by a climate to which they were unused. Many, from necessity, took a course to return, which in the end was prejudicial both to purse and health. Arriving at the Isthmus during the rainy season, they were fit subjects to contract all the diseases which might be found there, in addition to those which they yet suffered under from their previous life in California. Most of them say—"I had a diarrhœa or dysentery so many days before I arrived at the Isthmus"; or "I had the chills and fever so many times during my voyage down the Pacific." Others, "I was sick on board the steamer from the Isthmus, and took medicine; thought that the doctor had cured me." The majority of the cases have occurred here during the latter part of winter, and the spring months. Those who arrive in early autumn would seem to escape the disease almost entirely.

By whatever name it may have been designated, the disease has, here, presented the following symptoms. A cold stage, with chills, lasting from ten minutes to an hour, followed by great heat and thirst. Pulse small and feeble during the cold stage, but full and strong when the fever was at its height. Great nausea of stomach, with vomiting of dark bilious and fetid substance in large quantities, which in some cases resembled coffee grounds. The bowels were costive generally. An acute pain at the sternum, so great as to hinder respiration, extending around to the left side, and finally becoming fixed in the region of the spleen. Also great pain and throbbing about the temples, and in some cases, while the chill and fever were on, the patient was delirious. Tongue coated with a dark, thick, yellow fur, with an offensive and fetid breath. When there was an operation of the bowels, it resembled that ejected from the stomach, and was very offensive. The fever would hardly seem to have had its round, in some cases, before

the patient would be harassed with the same over again ; others go to the third, seventh, and twenty-first day.

Contrary to the treatment in the article referred to above, calomel has been the remedy to remove the congested state of the system ; and after its alterative action on the system was perceptible, then quinine had the desired effect. If used before, it seemed to aggravate the disease. Some peculiarity of constitution may have been the cause why it has thus acted as an excitor of the disease here. Calomel, combined with quinine, in alterative doses, was used when the fever was somewhat abated ; and in still later stages, quinine with an occasional mild cathartic. Where there was much irritation of the bowels, opiates were used with good effect. Occasionally, blisters, counter-irritation, and warm applications to the bowels, were employed with benefit. The disease has seemed to have had a peculiar tenacity upon the system ; for, during six or eight months after the disease has to all appearance subsided, any little irregularity in diet or exposure to a change of atmosphere has brought on a chill in some, and in most a fever, which for several days would present all the features of the first attack. In these cases an emetic has had the desired effect in removing the congested state of the system, followed by mild cathartics, and quinine in combination with arsenic (Fowler's solu.), which has eventually eradicated the disease. A debilitated condition of the bowels has followed in some cases, so as to demand strict regimen in diet and a course of tonics, to restore the depraved state of the system.

It may not be out of place, perhaps, to mention, in connection with the above notes, a disease which has afflicted those who have spent much time at the mines in California, viz., *diabetes insipidus*, which has enfeebled their constitutions to such a degree that they are obliged to return home, although they may have used many remedies previously. They attribute the disease to improper food, drinking river-water, and standing for several hours in the water, in a stooping posture, raising burdens. After their arrival here, they complain of a dull pain in the lumbar region, extending forward to the pelvis and urethra ; a constant desire to pass urine, which amounts to some ten or fifteen pints in twenty-four hours ; great thirst and depraved appetite ; bowels constipated, and dryness of the cuticle. The disease seems to speedily yield to strict regimen in diet, one or two portions of alteratives, and mild cathartics, followed by demulcents, copaiba and opiates, with small doses of tinct. lyttæ. Change of climate no doubt has much agency in the return of the parts to a healthy action.

Respectfully yours,

Suffolk Co., N. Y., Feb. 22, 1852.

DELTA.

TREATMENT OF DISEASES OF THE AIR-PASSAGES AND LUNGS— NEW AND OLD REMEDIES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As I have formerly furnished several articles for your valuable Journal upon this subject, particularly upon the use of nitrate of silver,

both by inhalation in the form of an impalpable powder, and in solution, I trust you will allow me a small niche for something further bearing upon the same subject.

I think there is danger in treating diseases of the *air-passages* with this salt; but the danger does not arise from a free application of it, in a concentrated form, or even of the solid *stick*, provided its application is confined to the *diseased* part. Here it may be applied in its full strength. But, when by carelessness, or inadvertency, or through ignorance (as is often the case by those who are not regular practitioners), it is allowed to *cauterize* parts which were originally sound, it does mischief. It augments the original disease. It does even more than this—it *causes* disease where none originally existed. When an undue quantity of a solution of *nitras argent.* is introduced into the larynx, as there is reason to believe has sometimes been the case, and when this operation is often repeated, as some repeat it, there is a disease produced upon the subjacent parts, which too often causes the patient to *feel*, and the skilful physician to acknowledge, that “the remedy has been worse than the disease.”

To prevent such an effect, great caution should be used, if the throat syringe is employed, that but a very *small quantity* of the solution is injected at once into the trachea. If a large quantity is thrown in, it will necessarily affect, and that injuriously, those portions of the mucous membrane of the trachea which are in a state of health. I may be in error upon this point, and I would certainly not wish to intimate that others are less cautious in the use of this remedy than myself; but I cannot suppress the conviction that I have had patients apply to me, who have received injury rather than benefit from a *too liberal* use of even this good remedy. Perhaps others have found the same bad results in some of my patients; if so (and I pretend to no infallibility), it shows only a greater reason for these remarks.

As I have referred to the use of the *syringe*, it may be well to speak of it in *comparison* with the use of the *probang*. It seems as though any one who has used the latter, must, upon employing the first named, find it altogether superior. It passes the epiglottis much more readily than the sponge, and discharges its contents much more speedily. Indeed, it may be done so quickly that the patient shall scarcely be conscious of the operation, till it is all over.

It is singular that any physician, at the present day, and at the present stage of medical science, should contend that the epiglottis cannot be passed, and the larynx and trachea entered, either with the probang or syringe. Yet, strange as it is, there are those who still adhere to this old notion, and maintain as strenuously as ever that it is an impossibility. What is still more strange (if anything can be strange in an itinerant lecturer) is that the whole operation (no matter what instrument is used) is represented to be all a *gum game*—that no physician, either with a probang or syringe, ever passed *below* the epiglottis. This has recently been made a matter of ridicule before a promiscuous audience in this city. With what pretensions to science, such a statement can be made, those can best judge who may have

been fortunate enough to have heard it from the mouth of such a Galen. Others have maintained that a powder composed of *lycopodium* and *nitras argent.* cannot be conveyed by inhalation to any depth into the air-passages, sufficient to produce any good effect ; and, also, if it could be conveyed even into the lungs, it would prove injurious. Now it seems to me that this whole objection arises from not considering the nature and the mode of preparing the powder. The *lycopodium* is one of the lightest and most impalpable kind of dusts that can be produced, and the compounding of the powder does not consist in *mixing* pulverized *nitras argent.* with this more than levigated substance ; but the *nit. argent.* is *dissolved* in water, and then mingled with the *lycopodium*, thus forming a mass of moist powder, or dough, which, when thoroughly dried, may be almost as readily inhaled as the pulverized *lycopodium* alone could be.

So far as I am aware, it has never been supposed that a large quantity of this powder, *thus prepared*, actually entered into the air-cells of the lungs, though it is more than probable that a portion of it does. Nor has this mode of treatment, so far as I am aware, been directed so much to disease of the *lungs*, as to laryngeal, tracheal and bronchial diseases. In my own practice, I have always expected much more benefit from treating diseases of the *tubes* with the powder, than in treating diseased *lungs* with it ; while in diseased lungs much more reliance has been placed upon the inhalation of *vapors*. That the powder, as compounded above, does induce the diseased mucous membranes of the above-named tubes to take on a healing action, seems to me not to admit of a doubt. The *stronger* the powder, the more beneficial, in general, are the effects. That made from a *saturated* solution of the water with the silver, and the *lycopodium* fully moistened with *this water alone*, works much the best.

That there are cases in which this powder cannot be used ; cases in which, if it is used, injury and not benefit will result ; is, also, beyond a doubt. In some, the powder is too stringent. It produces hemorrhage, and, if its use be continued, will prove highly disastrous. But this effect is not confined to the use of the *nit. argent.* in *powder*, for the same effect is sometimes produced by the use of the solution, and also by the application of the solid salt. In all such habits it is better to discontinue the application of this salt in *any* form, and depend upon other remedies. The *powder is no more* injurious in such patients than the *solution*, or its use in any other way.

Where the *lungs* are really diseased, we can never speak with much confidence of the *recovery* of the patient ; yet it is well known, from the proof of dissections, that many such have recovered. The difficulty with the physician is, to know whether, in a given case, it will prove to be one of these or not. In general, he may give his *prognosis* that the patient will *not recover*. He can readily ascertain whether the lungs *are* diseased, or not ; but, when he has done this, it is not so easy for him to say *how long* the patient may live, or whether he may not finally recover. I have now a patient who has lost nearly the whole of one lung ; who has had tuberculization going on for two years, and

who would often appear, to one not acquainted with the case, as near the close of life ; yet on the whole, there is about as much vitality, strength and vigor remaining, as there has been for the last year ; and I should be unwilling to give a *prognosis* that she will not live another year, or that the disease may not stop with the destruction of one lung, and the patient live many years and enjoy tolerable health.

In all cases of diseased, phthisical lungs, it seems desirable to try the inhalation of *vapors*, and the best mode of inhaling them is to saturate the air of the patient's room with them, and let him breathe it naturally. In this way the vapor of iodine, morphine, nitrate of silver, nitric acid, and many vegetable substances, may be employed, and they may prove highly salutary. I have known the simple vapor of g. assafœt., tolu, rosin and copaiba, prove very *comforting* (though not fragrant) to irritable lungs ; and any harmless agent, if it affords but temporary relief, ought to be tried in such cases. But we should never, while employing topical applications to the air-passages, or using inhalation, lose sight of the necessity of looking after the *general health*. If we do this, all our local remedies will be likely to prove abortive. In our rugged climate, invested as we are with a tegumentary covering, the same internally as externally, we are continually exposed to colds, and inflammations of the mucous membrane of the air-passages and lungs. The acute attacks of these, being neglected, become chronic, and all vitiation of the secretions and relaxation of the solids of the body tend to perpetuate these attacks. Hence, we should be ever watchful against any sudden check of the perspiration. Then, the *digestive* organs frequently demand our attention. If these fail to discharge their proper functions, and do not present to the absorbents a due quantity of well elaborated chyle, the blood will become impoverished ; and as long as this state of things remains, however potent may be our local remedies, our patients will certainly run down.

We have, in this connection, another idea presented, namely, that how much so ever attention a physician may specially devote to *one class* of diseases (and it is not denied but that by being oftener called to treat certain diseases he may acquire more than ordinary tact and skill in them—indeed, it would falsify the old proverb that “practice makes perfect,” if he did not), yet still, if he does not understand the whole subject of pathology and therapeutics, he cannot really be supposed fully adequate to treat any *one* disease. There is reason to fear that some physicians and many patients are deceived in this matter. The science of medicine is a *whole* ; and the axiom is as true here as in natural philosophy, that, while the *whole* includes all its parts, a *part* does *not* include the whole.

Then, as to the *kind* of remedies used—physicians are too much inclined to make a *hobby* of particular remedies. While one is in vogue it is prescribed for almost every disease. I have a story on this point, relating to an event which occurred several years since, and previous to my entrance upon the medical profession. A patient called upon a physician, of no mean standing and no little skill, really as well as by reputation. He received a recipe, comprising several medicines to be

compounded into one, to be taken thus compounded, and was directed to procure it at a shop named. He went and presented the recipe, as directed. The man of the shop glanced at it and smiled. "Why do you smile?" said the patient; "is it not *right*?" "Yes," replied the apothecary; "I was only thinking that the doctor goes in strongly for that medicine to-day. The man you met at the door had a bottle of it, and I have put up twenty since morning." It is possible this preparation was indicated in all these patients, but it is scarcely probable.

There are, also, constantly *new* remedies coming up, which too often prove to be but old ones revived. They have their day, and again are forgotten, to be "re-revived and again to die the same." We have recently had a specimen in the administration of *phosphate of lime* for phthisis. Somebody out West discovered this remedy, and stated it to the profession through a medical journal. Immediately half the physicians in the land are found prescribing it for phthisis. Apothecaries who have had a few ounces of it standing on the shelf for years untouched, are drained. They manufacture new quantities, and are soon drained again. They ask what it means. The whole medical profession are prescribing *phosphate of lime*. They rise upon the price. From nine pence an ounce it goes up to double that sum, and is "quick" at that. But *phthisical* patients still die, and the medicine becomes, as formerly, a *drug* in the market.

Now there are some good omens and some bad ones in this state of things. It is well to see the guardians of the public health, and the last resources of the sick, ready and willing, in a disease which, to a great degree, has baffled medical skill, to employ any remedy which gives even a promise of relief, or which any one has found beneficial in a single case; but, on the other hand, it certainly argues a versatility or disposition to change, which rather indicates that little confidence can be placed in physicians. They *ought* to change any mode of practice, and adopt any new remedy, when they are convinced that it is better than the old. This shows some of the benefits of medical associations and medical journals. They are the mediums through which the whole profession are made acquainted with the success of any one remedy or course of treatment; and if any valuable discovery is made, the general good certainly requires that all the members of the profession should be made acquainted with it. The use of *phosphate of lime* in *phthisical* patients, or in patients supposed to be of a *phthisical diathesis*, however, is *no new thing*. We may truly say of this remedy, in its present use, "the thing that is, is that which *has been*."

Almost thirty years ago, I knew a student in Brown University, who was feeble, and supposed to be phthisical. He applied for medical advice to Dr. Levi Wheaton, of Providence, whose death has been chronicled in your Journal within the last year, and who departed from us, at the good old age of almost a century. Well was he called the *patriarch* of medicine in the State of Rhode Island, and no man is, or has been, more worthy of this honorable appellation within the last century, in this or any other State of our Union. He was skilful, courteous and

communicative, and his counsel highly valued to the last. At the period referred to, he prescribed *phosphate of lime*, in ten-grain doses, for our phthisical student, to be continued for a long time. Whether it proved beneficial or not, cannot be so positively decided as another thing connected with the case, which is, *that that patient yet lives*. He might have lived without it. One thing is certain, he took it, and it did not kill him, nor has he yet died of phthisis. To what extent Dr. W. was in the habit of prescribing it, in similar cases, the writer does not know. But he may safely say, the medicine is not *new*, nor *newly* used, only as *old* things are *often* apt to become *new*.

I apprehend that, upon careful investigation, we shall find the largest part of the professed new remedies, recommended as almost *specifics* in diseases of the lungs, are but old ones exhumed, to be again soon interred in their former oblivion; and it might be a mark of wisdom in medical men to search the old archives of the profession before giving them the appellation of *new*. New discoveries and new inventions are not so numerous as is generally supposed; and when any new thing is discovered, there is frequently more than one claimant. Somebody else has stolen somebody's "thunder." We have had a few specimens of this in the ether and collodion controversies; and since some of our *newspapers* have proclaimed a course of lectures by a very distinguished jurist upon a medico-legal subject, as the *first* of the kind ever given in Boston, it has come to light that one distinguished professor has lectured upon the same subject for forty consecutive years, and another eminent instructor, in a large and excellent medical school, has delivered a regular course of the "same kind" to his pupils for several years. Now, as many great men have been lost, because *others* have lived before them, so we are inclined to believe it is wise not to call *old* things *new*, *too soon*; and, "as honesty is the best policy," it may be well not to seem desirous of *coveting*.

W. M. CORNELL, M.D.

Boston, March, 1852.

CALOMEL AND SODA AS A CATHARTIC.

[Communicated for the Boston Medical and Surgical Journal.]

For the past four years I have been in the constant practice of using calomel and soda combined as a cathartic. During this time I have rarely used calomel clear, or in any other form whatever as a purgative. This has been my common, every-day purge, upon which I have principally relied to operate on the liver and bowels at the same time. And I am thoroughly convinced that in the union of these two articles there is a therapeutic virtue developed, that is not to be found in either one alone to so great an extent. I had prescribed calomel alone, calomel and jalap, calomel and rhubarb combined, for a number of years in this western country, but find that calomel and soda combined far surpass them all in virtue and merit.

Comparing its merits and operation with those of calomel alone as a cathartic, I find that it is much more certain, and rather more prompt

in its operation—requiring rarely to be followed by any other cathartic. It requires much less to produce a given purgative effect. From ten to forty grains of calomel produce no greater an operation than one to three of calomel when combined with three times this quantity of soda. Now this amount of soda would have no purgative operation whatever when given alone; and no one would think of depending on one grain of calomel to produce catharsis in any common case. There is evidently, then, a great gain in power in the use of this article over calomel used separately. It is productive of much less *pain* and *exhaustion*. Its movements are so easy and insidious, that patients accustomed to the gripping effects of calomel scarcely have time to get on the stool until it is *quite too late*. It is sometimes the case that during its operation one feels quite prostrated; but this is followed by a vigorous re-action, and the loss of strength is scarcely perceptible. I have never known it in my practice to produce *soreness* of the *gums*, *ptyalism*, or *ulceration* in any part, though it is quite unaccountable how soda should prevent the tendency to these effects. Some writer has remarked that alkalies have the opposite tendency.

The above opinions are conclusions to which I have arrived by a thorough and candid trial of both calomel alone, and calomel and soda combined. And these are corroborated by Dr. J. R. Bradway, my former partner, and other eminent physicians of this State.

The first time I used this, or knew of its being used, was four years ago last December, in my own case, while in the city of New York. I had been living and practising in the miasmatic West for the previous eleven years; and although I had never had an attack of fever, still my system was more or less debilitated, and my liver and bowels quite torpid. For this I consulted Prof. Dickson, who advised me to take one grain of calomel at bed-time for a number of nights in succession, and drink an infusion of Peruvian bark. Preferring to take the calomel in the form of pill, I united it with some six or eight grains of sup. c. sod., and formed into pills by hard soap. I took this at 10 o'clock, P.M., and although my bowels had been thoroughly constipated for a number of days, I had a thorough operation by 7 in the morning, and some three more followed in quick succession. At first I attributed the movements to the setting in of a diarrhœa following constipation; but by using it in a few days again in my case, as well as in that of others, I found the same effects to follow its administration as in the first instance, though not quite so thorough. I had been using soda as an anti-acid freely, but without any cathartic tendency whatever, and in uniting it with the one grain of calomel, my object was to give bulk, and also to neutralize acid in my stomach, with which I had been very much troubled. When I returned home in the spring, I had the most satisfactory demonstration of its efficacy as an anti-bilious purge, for there were some old cases of habitual tendency to attacks of torpor of liver and bowels that had troubled me exceedingly to physick. There was one man in particular whom I had treated for this trouble, and whom I had given within twenty-four hours forty grains of calomel, as much jalap, near half a pound of salts, a large quantity of castor oil, injections of

jalap and senna, &c. And after all this mighty array of cathartics and injections, still the result was a trifling purgation, and the patient *gradually* recovered. These cases were easily operated on by the use of 3 or 4 grs. of cal., and from 10 to 20 grs. of soda. This dose was all that was necessary to purge the case alluded to above, "to his heart's content," and in such cases it has never failed to do the business promptly and thoroughly.

In a common case, I give 2 grs. cal., well levigated, with from 10 to 20 grs. of sup. carb. soda in molasses. This will almost always operate by morning, if given at bed-time. Dr. Bradway unites them in the proportion of 1 cal. to 3 of soda; but I have generally united them in the proportion as 1 cal. to 5 of soda.

After the liver and bowels have been thoroughly operated on, the medicine has much less effect, and I therefore desist for a few days, or entirely, for the obvious reason that the important indications are fulfilled.

H. HUNT, M.D

Delavan, Wis., February 26, 1852.

ABERRATION OF DENTITION.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Oct. 16th, 1851, I. W., aged 7 years, was presented on account of an indolent abscess, situate on the left side of the chin, over the "depressor labii inferioris," and immediately below the circle of the "orbicularis oris." It is unnecessary to give the appearance of the ulcerous opening. The history of the case is this. Six months previous, the boy was kicked by a sharp shod horse, which produced the wound on his face; and a physician being called, pronounced it a simple integumentary incision, without fracture of the os maxillary. The wound healed readily on simple dressing, but subsequently suppurated and continued indolent until the time I saw him. I assured the parents of the child that no doubt some foreign substance was within its confines; but the child being timid, and the parents equally so, I was not allowed to examine it further. I applied a single dyachylon emp., and, on removing it several days subsequently, a tooth presented itself externally and was removed, proving to be an incisor of the temporary set (the fang being entirely absorbed or wanting). What is singular is, that the mother, at the time of his being kicked, removed one of the permanent incisors (he having at that time shed all his temporary incisors). I am of opinion, therefore, that this was a supernumerary tooth, being forced from its alveolar socket by the accident above referred to, and remained enclosed in the integuments until its removal.

CASE II.—Mrs. A., aged 35, presented herself on the 19th ult., and requested me to remove a polypus from her nose, she having been advised by a friend of its dangerous character. On examination, a tumor of an *osseous* character presented itself to view, arising from the floor of the nasal cavity, about ten lines behind the external meatus. I administered chloroform, and seized the dragon by its proboscis, which

on removal proved to be a tooth, one of the permanent incisors. She did not recollect whether she *cut* all her teeth while a child, neither does she remember receiving at any time in her life any injury in the region of the os superior maxillaria. Query—How came this tooth in the nose?

S. L. HERRICK.

Three Rivers, Mich., March 2, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 24, 1852.

Water-curing Establishments.—Massachusetts is becoming a favorite place for these establishments, either on account of the love of the people for aquatic indulgences, or because the hydropathic practitioners have discovered that the inhabitants are particularly predisposed to submit themselves to the last and newest form of medication. An enumeration of the large and small water-cures in the Commonwealth is not intended; but that they are too plenty for the prosperity of each other, if not for the good of the community, is not to be questioned. Charles Munde, M.D., who speaks of himself as being "*the earliest disciple of Priessnitz living, and now the oldest hydropathic physician existing—his writings on water-cure being in the hands of every European hydropath,*" has opened a place at Northampton. Those who go there for treatment, are to provide themselves with two woollen blankets, two comforters or a feather bed, three or four linen sheets, and six towels and some old linen. True economy might dictate the removal of all the patient's worldly effects to Northampton at once, where the price is only \$10 per week, with \$5 for the first consultation, whether the individual enters or not. It would seem that these hydropathic hospitals have had their day, and are now gradually dying out. It is reasonable to expect some new kind of medication soon to take their place. The field is clear, and the runners after new doctors and doctrines are always in readiness.

Massachusetts General Hospital.—A report of the trustees has appeared, giving a full and complete account of the institution, in the fewest words. The capital invested for income consists of \$32,758 93, in real estate; 135,349 75, in stocks; and \$29,303 69, in notes secured by mortgage. Last year 839 patients were admitted. Annual expenses of the hospital, \$31,365 11.

At the McLean Asylum for the Insane, a department of the hospital, within the past year there were 364 patients. Dr. Bell's report is, like all his papers, distinguished for its good sense, propriety of expression, and a full measure of that best of all ingredients, a judicious exhibition of practical wisdom. His plain history of the introduction of the Cochituate water into the Asylum—the movement of the city of Charlestown in regard to the hydrants, the expenses of which were intended to have been saddled on the trustees, like the old man of the sea on the shoulders of Sindbad the sailor, is related in a way that gives to it the charm of uncommon interest. We like the independence of the doctor in giving

the meddlers a rap over the knuckles. "The reflecting portion of the community," he says, "need little caution against the tittle-tattle arising against asylums for the insane, mostly from unrecovered patients and servants discharged for mal-conduct." Our friend, Dr. Dale, whose name heads the report of the trustees, is precisely fitted for the position. He has a sound heart, a clear head, and nothing will suffer from neglect that is confided to his care.

North American Homœopathic Journal.—A large, finely-printed quarterly, with three editors' names on the title-page, comes from New York. It of course cannot be as interesting to us, as to the advocates and practitioners of the system it advocates. The article on the provings of Drs. Watzkl, Wurmb, Zeiner, Von Zlatarovich, and other unutterable names, is intolerably heavy—it has lead in it, without doubt, in allopathic doses. The review of Dr. Hooker's recent work on homœopathy did not surprise us at all. The author no doubt anticipated an attack. But it is powerless. Dr. H. is abundantly able to sustain himself against a fortress, manned by such arguments as are presented in this labored paper. The good temper in which it is written, however, redounds to the credit of its author. There is no reason why gentlemen should irritate each other with personal abuse, because they happen to differ in opinion upon any subject. Literary and scientific men achieve for themselves distinguished honor when they reason with each other in courteous language.

Connecticut Medical Institution.—In the course of the ensuing summer, Dr. Hooker, of Norwich, will remove to New Haven and assume the professorship of Theory and Practice of Medicine at Yale College, and Dr. Ives will go into the chair of Materia Medica. Dr. I. is a truly venerable instructor, being now 73 years of age, but full of love and devotion to his profession. With the introduction of an active, talented lecturer, in the department first named, there is no doubt of the infusion of increased energy into the institution, that may help to extend its influence. Dr. Knight has no superior in surgical demonstrations. His extensive experience, and his bland and fatherly kindness towards the students, has always made him extremely popular. Dr. Henry Bronson has resigned his chair. He is an able lecturer, and the corporation part from him with extreme reluctance.

Examinations of Drugs.—For some weeks past we have been hoping for a sight of the work to which this notice refers; and, on perusing it, the gratification has equalled the expectation. Dr. Peirce evinces industry, which is a recommendation to public favor, while the exact character of the examination of each subject is sure to gain the confidence and consideration of the great professional family to which he belongs. While very many are solemnly predicting that medicines ere long will be of no importance, and others trust to doses scarcely recognizable under a microscope, it is fortunate for the reputation of the nation, and the good of the sick, that Congress, in its collective wisdom, has taken the precaution to insure the importation of none but genuine articles of the *materia medica*—allowing each and every individual to take or let them alone when once fairly introduced into the country. To such an abominable system of adulteration had the drug business been reduced, before the action of the

government, that it was beginning to be extremely difficult to procure even the simplest roots or barks, that had not undergone deteriorating processes and mixtures; and with respect to chemicals, it was impossible to be certain whether they were good or bad, without subjecting them to specific tests. It is now a settled fact that whatever drug or medicine passes the ordeal of the custom-house inspection, carries with it an evidence of its true value. Dr. Peirce alludes to the fact of home deceptions in medicinal preparations, which cannot be reached by government; but all intelligent apothecaries who have a particle of regard for their own reputation, will of course coöperate with physicians in discountenancing frauds that may peril the lives of their fellow-beings. Dr. Peirce has rendered the profession an essential service, in directing how to detect these cheats. Without knowing, we suspect that the author may have been a pupil of Prof. Horsford, of the Scientific School at Cambridge, as there is discoverable in his directions the nice and conscientious care which characterizes that gentleman's mode of analysis. If this is Dr. Peirce's first introduction to the commonwealth of authors, we congratulate him on the success of his labors and the flattering prospect before him.

Epidemic Constitution of different Seasons.—Dr. J. F. Garrison, in a report to the State Medical Society of New Jersey, has the following remarks on the peculiarities which attach to diseases in different seasons.

"Whoever has watched diseases for a term of years, must have felt convinced that there are *constantly* at work agencies, pervading and extensive, so subtle as to be inscrutable by any of our present means of observation, and so powerful as to modify the character of diseases over vast tracts of country, in locations the most different in physical condition, and dissimilar in their metèorological phenomena; and this not merely in causing the outbreak of rushing epidemics, which seem to be caused by some special influence, and to be subjected, each one, to laws of its own, but in moulding the type of disease, making it now sthenic, now the contrary; now inflammatory, rapid, and, if left to itself, almost invariably fatal; now mild, and tending, in the great majority of cases, to recovery; at one time implicating the lungs, at another the bowels, and at another the brain; making treatment which was useful last year, useless or injurious during the present. And so continually are these influences in operation, that there is hardly an injunction of more consequence to the practising physician than that which directs us to study well 'the epidemic constitution of the season.'

"We have a curious fact in illustration of these remarks in the present extensive prevalence of a disposition to purulent deposits in the external tissues of the body. These have been so common here for the last few months, that a considerable moiety of the community has been afflicted with them. Some have had whitlow; others have been worried with a succession of crops of boils; and abscesses of every variety of form and location have abounded, from those on the eyelid, containing merely a few drops of matter, to immense sacs, in the muscles of the thigh and on the parietes of the abdomen, filled with several ounces. From conversations with other physicians in the neighboring districts, I have learned that this form of disease is by no means limited to our immediate vicinity, but prevails extensively in various sections of this portion of the State. Nor is it confined to this continent alone; both the *Lancet* and *Ranking's*

Abstract speak of its prevalence in London. The author of an article upon it in the latter has even dignified it with the name of the 'furunculoid epidemic.'"

Early Medical Times in Cincinnati.—Two discourses, delivered before the Medical Library Association, by that veteran in Medicine, Daniel Drake, M.D., beautifully printed and covered, a copy of which has just reached us, give a graphic history of the profession in the queen city of the West. The author has been intimately associated with all the men and all the movements which have given a moral, literary and scientific character to Cincinnati, from the very beginning. His recollections are treasures of instruction; and his tact and agreeable manner of relating the reminiscences of the days of his youth in the West, give additional interest to whatever he relates.

Massachusetts Medical Society—Southern Medical District.—The following persons were selected delegates to the American Medical Association meeting, to be holden at Richmond, Virginia, in May next. Dr. Fearing, of Nantucket; Dr. Wilber, of Fall River; Dr. Haskell, of Rochester; and Dr. Folsom, of New Bedford. E. COLBY, *Secretary*.

Medical Miscellany.—The degree of M.D. was lately conferred on a woman at the medical college, Cleveland, Ohio, says the Times.—In the town of Shirley, Mass., two brothers, a sister and their mother, have committed suicide within a few years. This shows a hereditary tendency to insanity—for there was no assignable cause for self-destruction. One family in this country, through all its ramifications for one hundred and fifty years, has exhibited, in a very extraordinary degree, hereditary insanity.—In Tennessee, \$8000 has been appropriated by the Legislature for the completion of buildings for the use of the deaf and dumb.—Dr. John W. Draper is president of the Medical Faculty of the University of New York.—A circular of huge dimensions is scattered about from a female doctor in Providence, R. I., in which she sets forth what she can do in the way of relieving the sick, which runs on thus—"to stop bleeding from a wound; cure ciamp in the stomach; how to get religion; relief for a cough in consumption," &c. &c.—The class in New York Medical College is stated to be about double the number of last year.—Dr. Alfred Hitchcock, of Fitchburg, Ms., came passenger in the Steamer Niagara, at this port, on the 18th inst., after a six months' professional tour in Europe. Dr. H. had an opportunity of witnessing the surgery at the Parisian hospitals consequent on the coup d'état of Napoleon last fall.

Suffolk District Medical Society.—The meeting of this Society, for medical improvement, will be held at their rooms, Masonic Temple, on Saturday evening (27th inst.), at 7 1-2 o'clock. It is expected that Dr. Bowditch, of the Committee to whom was referred the investigation of the causes and frequency of intermittent fever in Massachusetts, and particularly those cases which have occurred in the town of Chelsea within the past year, will read a paper, embracing their report, at this meeting.

Deaths in Boston—for the week ending Saturday noon, March 20th, 64.—Males, 32—females, 32. Accidental, 1—apoplexy, 1—anemia, 1—disease of brain, 1—bronchitis, 1—consumption, 18—diarrhoea, 1—dropsy, 2—dropsy of brain, 2—drowned, 1—erysipelas, 2—scarlet fever, 1—hooping cough, 4—disease of heart, 1—intemperance, 2—infantile, 1—inflammation of lungs, 6—disease of liver, 3—marasmus, 2—neuralgia, 1—old age, 1—peritonitis, 1—disease of spine, 1—teething, 4—throat disease, 2.

Under 5 years, 24—between 5 and 20 years, 8—between 20 and 40 years, 16—between 40 and 60 years, 7—over 60 years, 9. Americans, 23; foreigners and children of foreigners, 41. The above includes 6 deaths at the City institutions.

Death of M. Gannal.—The Paris obituary list of the last week in January contains a name of some celebrity, that of M. Gannal, the inventor of the new embalming system. His career was a singular one. Apprenticed to an apothecary in early life, he imbibed that taste for, and acquired that knowledge of chemistry, which subsequently proved so serviceable to him. At the commencement of the century, the conscription forcibly took him from his favorite studies. In a short time, he became attached to the medical corps of the French army in Germany, and was present at some of the great battles of Napoleon against Prussia and Austria, and formed part of the medical staff in the Russian campaign. In the disastrous retreat which followed, he was taken prisoner at Wilna, but on four occasions succeeded in making his escape, and was as often recaptured. After a thousand adventures by flood and field, in 1815 he returned to France, where his acquirements soon obtained for him a place in the School of Pharmacy, and he made several curious discoveries in chemistry, which, however, with the exception of a prize at the Academy of Sciences, procured him no real advantages; until his great discovery of embalming by means of a chemical preparation, which in a few years made him master of a large fortune. M. Gannal's account of his process was published in 1839, in this city, translated by the late Dr. Richard Harlan.—*Medical Examiner, Philadelphia.*

Case of Punctured Wound of the Abdomen, involving the Intestines—Artificial Anus—Recovery.—About four years ago, a young man, aged 25 years, in an affray was stabbed with a pocket-knife in the abdomen, on the left side, midway between the umbilicus and the anterior and superior spinous process of the ilium. The wound in the abdominal wall, as well as that of the intestine, was nearly an inch in breadth. As soon as he was stabbed, the intestine protruded, but it was immediately returned by a bystander. On his admission, the fecal matter was voided freely by the external wound. Finding such to be the case, a warm poultice was merely applied; antiphlogistic regimen was enjoined; he was afterwards put under the constitutional influence of mercury, and kept quiet. The feces gradually resumed the natural route; the external wound contracted, and by the end of a month it had closed entirely, when the man left the hospital, declaring, that save for his weakness, he never had felt better in his life. In this case, the adhesive inflammation had glued the intestine to the abdominal wall, so that the opening in the intestine continued to correspond with that in the wall. In a case where this did not occur, the attachment of the wounded gut to the wall, by means of suture, would be the only course to pursue; but in the example just cited, nature had obviated the necessity of any such proceeding. Perhaps, too, the natural position of the wounded gut had served to keep the two wounds in that apposition indispensably necessary for recovery.—*New Orleans Medical and Surgical Journal.*

Pennsylvania Hospital.—The Board of Managers of this Institution have resolved to appoint an additional attending surgeon, which increase will make the number of surgeons four, instead of three as at present. The election for this post will be held on the first Monday in May.—*Med. Examiner.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 9.

LEPROSY IN NEW BRUNSWICK.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I proceed to give you the particulars of the leprosy cases at Tracad, New Brunswick. Those of your readers who have taken the trouble to peruse my former articles, will be surprised to find the diagnostics nearly identical with those described by your highly interesting Damascus correspondent. A question, then, will arise, which I trust may attract the notice of the American faculty—How came this terrible disease to break out in Tracad, an obscure corner of a remote coast, without foreign trade, entirely beyond the reach of those agents by which infectious or contagious diseases are supposed to be propagated?

Boston, March 17, 1852.

OMEGA.

CASE III.—Israel Robisheau, aged 25; not married; has been diseased eight years; experienced no premonitory symptoms, or does not remember having had them. The disease first appeared in yellow spots upon the skin, which, in the course of three years from their first appearance, were succeeded by tuberculous lumps upon the face. The inside of his mouth has been diseased three years; his ears are enlarged, discolored, and very tuberculous; his feet are swollen, and the soles of them flattened and tuberculous; he feels some pain in swallowing, and his nose discharges an irritating fluid. His constitutional symptoms are apparently good, the same as they were before the eruption, with the exception that his voice has been weakened for a year and a half, and his senses of taste and smell are somewhat impaired. Ulcerations have recently taken place; his hair has fallen off eyebrows, breast and axilla. He is the son of Francis Robisheau, who married Mary Savoy; his brother Tronquille died of the disease; and his brothers Oliver and Isaiah, and his sister Margaret Sonier, are still suffering under it; he is a cousin to Peter. His father died at an advanced age, without any symptoms of this disease. He (Israel) lived with Francis Robisheau, who married Edith Sonier. They were married seven years, and had two children, one of whom died of the disease; the other is still living, 11 years old, and free from it. Edith Sonier died of the disease, and Francis Robisheau, her husband, married again; he himself is not diseased, but his brothers and sisters are affected.

CASE IV.—Oliver Robisheau, aged 27; not married; diseased six

years; discolored spots first upon his arms, legs, face and nose; chin much swollen; throat sore; nails diseased. Spots in the course of a year became tuberculous, and these tubercles became ulcerated about two years ago. He feels some soreness within the thorax, and experiences pain in the stomach after eating. Appetite impaired; senses of smell, sight, taste and hearing are not injured; general symptoms resemble those of his brother Israel. His nephew, Francis Robisbeau, died of the disease. He is the son of Francis Robisbeau.

CASE V.—Barnaby, called also Bernard Savoy, aged 11; diseased five years; spots followed by tubercles; appeared first on the face, and afterwards on arms and legs; face and hands much swollen and puffy; tubercles commenced ulcerating three years ago; ears much enlarged and tuberculous; palms of hands and soles of feet swollen and tuberculous; shins covered with tubercles. He is the son of Viola Savoy. His father is a strong and apparently healthy man; two of his brothers are diseased; his mother was Frances Laundry, who died of the disease; his father lived with his mother twenty-three years, including ten years during which she was diseased, and he has never manifested any symptoms of it himself. Two of his brothers are diseased; they live in his father's family, and generally keep secreted. Two of his mother's sisters died of the disease; their names Ursele and Isabella; they had children, but these never manifested the disease, but one of Ursule's grand children, Mary Julian Gotreau, died of it. Ursule married Joseph Benoit, and had five children; her son married Margaret Gotreau, mother of Mary Julian.

CASE VI.—Margaret Sonier, aged 34; married; eight years ago was confined in childbed, and in fourteen days after the birth of her infant she exposed herself to cold and fatigue. She fell upon the ice at this time, and hurt her hands and knees, which were soon afterwards afflicted with soreness and cramp. She attributed this to cold which she thought she had taken, and procured some ointment to rub on them to allay the pain. Her hands felt cold and weak. Soon after she fell upon the ice, her hands and feet began to swell, and in the course of a fortnight afterwards spots made their appearance upon them; the spots came out very soon after the application of the ointment. She has some small round tubercles on the cheeks, nose and forehead; the palms of the hands are ulcerated, puffed, and the sores on them are dark colored. The hair is still attached. Her fingers are contracted, and she has lost the terminal phalanges of them; the contraction, modified by the swollen palm, gives the peculiar appearance already noticed in Peter Robisbeau's case; this contraction is not a regular curve of the fingers and palm; the palm is tuberculous, and the fingers at first were very painful, but they are free from pain at present; the sensation in the hand is very much impaired, and almost entirely lost in the fingers. Her lower eyelids are everted, and give a peculiarly disagreeable expression to the eye; the sclerotic coat is injected, and the tears fall over the eyelid. The ears and nose are free from any morbid appearances. Her tongue is covered with a light-brown coating. The catamenia are regular. Appetite good; senses unimpaired; skin but very slightly affected, and the

sensation in it generally is good. She sleeps well; she complains of some weakness upon the thorax externally; her feet appear tolerably sound. Her disease seems stationary, and she is now much as she has been for eight years past. The secretion of milk was not diminished when she nursed her first child, but it was very small with the last. She and some others of the afflicted had an attack of erysipelas, which was followed in those affected with a mitigation of the general symptoms, and a removal of some of the tubercles. She nursed her last child during a year; it is free from the disease. She is the daughter of Francis Robisheau, and sister of Oliver, Israel and Tronquille. She has five children; two of them were born before she had any symptoms of disease, one at the time of her accident already noticed, and two since the disease broke out upon her. All of her children are well. She never had any communication with a diseased person, from whom she could have contracted the disease.

❧ **CASE VII.**—Julian Ferguson, aged 38; married; has been diseased four years; she felt the approach of the disease soon after her confinement in childbed, and in the course of six weeks from that period the eruption began to show itself. Her lower eyelids are everted like Margaret Sonier's; her forehead marked with furrows deeper than those in healthy persons, but the skin is not tuberculous. There is a slight expansion of the nostrils, but no swelling of the lips or cheeks; the secretions of tears fall over the cheek. The hands have been severely diseased; she has lost the ends of the fingers; her knuckles are still sore, and her nails are diseased; fingers contracted, but free from pain. Color of the skin very slightly affected; in many parts of her body it retains a natural whiteness; her hair has not fallen off, even from the arms where the disease was most severe. She had an attack of erysipelas two years ago, which was followed by an improvement in her feelings. She has two dark-colored, scabby sores on the outside of each knee. Her catamenia are regular; her strength is not impaired; her general functions are good; her mouth not diseased, and her lips have a natural redness. She was troubled with a copious secretion of tears falling over her cheeks, previous to the accession of any symptom of disease. Her countenance is natural, excepting the expression produced by the falling and eversion of the lower lid. She complains of rigidity in using the hands. She manifests but few symptoms of the disease; her fingers resemble those of other patients who present unequivocal marks of the disease. She is the daughter of Charlotte Goutreau, who was a Comeau, through whose families she is a descendant from the Robisheaus. She has had seven children, none of whom have ever been diseased. Two of her children are dead, but not of this disease.

CASE VIII.—Mary Savoy, aged 40; married; ten years diseased. Spots commenced on her knees and elbows, and afterwards on the face, nose, ears, and internal parts of the mouth. Her voice is very much affected, and reduced to a low whisper; the roof of the mouth is studded with tubercles; the face and lips are swollen, puffy and discolored, and of a dirty-yellow hue; ears slightly diseased and thickened, the

nostrils much dilated; the face, and particularly the nose, are tuberculous. Ulceration has commenced in the tubercles, and in some of the spots which do not manifest a tuberculous character. Her breathing is long, laborious and oppressed; her appetite is good, but her sleep is disturbed. There are sores upon the outer parts of the hands and ends of fingers; there are some tubercles on the arms, and the nails on the fingers and toes are diseased. The hair has fallen from her eyebrows, but not from her head. She is the daughter of Joseph Robisheau and Fidelle Savoy. Has had five children; two of them are dead; no appearance of the disease upon any of them.

[To be continued.]

PIORRY ON PLEXIMETRY AND AUSCULTATION.

TRANSLATED FROM THE FRENCH BY M. M. RODGERS, M.D., ROCHESTER, N. Y.

[Continued from page 99.]

THE study of diseased organs, at my cliniques at "La Charité," is not after the manner of considering disease as a unity. The fifty beds assigned to me, are divided into sections, and attended by students who are willing to be interrogated. I desire each one to search with the greatest care, both by physical signs and rational symptoms, for the pathological states—their causes, their successions, relations, connections and coincidences; he writes what he has discovered, and then deduces the therapeutical indications from his investigations. Each patient has a card on which all the anatomical conditions are stated, together with all the changes which take place each day; the diminution, cessation or appearance of symptoms, &c. The words typhoid fever, gout, rheumatism, &c. are never used, but only their synonyms; for we meet too often with organopathic states and changes to admit of their being considered as unities, capable of classification in any nomenclature whatever. In a word, it is a *sick man* which we see, which we study, and analyze by investigation, anatomical, physiological, physical and diagnostic; it is a man in whom we search for the causes, consequences and remedy of disease; it is not a mere abstraction, a name, which we seek to establish.

Of the Stethoscope and Pleximeter.—When auscultation was first practised, I used the tube of Laennec, which was a voluminous cylinder of wood. After many experiments and modifications, I fashioned, with my knife, the stethoscope actually now in use—which is falsely attributed to various other physicians, and especially to M. Louis. My stethoscope was terminated by a plate of ivory, intended to serve as a pleximeter; but I have entirely renounced this instrument: it is very difficult to apply, so as to adapt it to the parts perfectly; and besides, percussion made simultaneously with auscultation, injures the effect of both, and gives incorrect results.

When I first commenced percussion, I used the finger (as do most foreign physicians) as a medium of percussion. But finding it insufficient, I resorted to the pleximeter. [It is but just to say, that in Paris,

the great auscultators, Louis, Andral, Bouillaud, Briquet, Chomel, Rostan, Paul Dubois and others, use the finger as a medium; the same is true of the German, Dutch and English physicians, so far as I have observed. For, although the pleximeter has some advantages, it is used in the hospitals mostly by students only.—*Trans.*]

Mallets of small size, of various forms and substances, have been used as instruments of percussion instead of the finger; but although they produce much sound, they so modify it as to lead to incorrect results, and have been renounced in favor of the finger.

It has been suggested in America, to have two persons engaged in an examination at the same time; one to percuss, while the other auscults a part. But no practical benefits have yet been proved to arise from this mode of procedure.

After many experiments and much practice, I have found ivory to be the best substance for a pleximeter. I give it the following dimensions, viz.—length, $2\frac{1}{4}$ inches; breadth, $1\frac{1}{2}$ inches in the middle; thickness, $\frac{3}{16}$ of an inch; of lozenge shape, with auricles or ears on the ends, forming an elevated rim, to serve as handles to hold it by in order to fix it firmly to the parts. It may be divided into degrees, forming a scale upon its upper edge. This scale serves to measure the extent of the organs with more exactness.

In order to measure the exact extent of an organ by this mode of exploration, we must place the edge of the pleximeter precisely on the point where we find the limit of the organ; then percuss very attentively, this point, in order to have it well established; then move the instrument along in the direction of the border of the organ, and percuss again, and thus follow it through its whole extent. In proceeding thus, and repeating the experiments, one may come to be able to circumscribe any part with the greatest precision. This mode is of extreme importance, and above all, when it relates to the examination of the spleen.

In exploring the anterior part of the chest, it is indispensable to percuss successively corresponding points on opposite sides; first lightly, and then more forcibly, in order to compare their relative conditions.

CASE OF *DISTOMA HEPATICUM*, OR *LIVER WORM*.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send you a statement of a case of *distoma hepaticum*, or the fluke or liver worm, which has been successfully treated by me. I forward a few of them to you for your inspection and that of your medical friends.

The patient is a colored woman, aged 24 years, a domestic in the City Hotel, Williamsburg, Long Island. She has been afflicted for many years with the liver complaint, and has been under medical treatment for that disease for a long time. She has been under mercurial salivation several times. She has also been under the treatment of physicians for hepatic dropsy, and has been tapped several times. The physician under whose care she was, previous to my attendance on her,

suspecting the existence of worms, after trying the usual remedies in such cases, without success, recommended her to apply to me. I was called to see her during the month of February last. I found her attending to her ordinary domestic duties, though she had slight fever, pulse about 56, the tongue coated, breath offensive, nausea and poor appetite, bowels constipated, urine small in quantity and high colored. She complained of a steady dull pain in the right side, with occasional darting pains in the shoulder; she also complained of a tumor about the size of an egg in the pit of the stomach; her abdomen was considerably swollen, and by auscultating it from side to side it gave evidence of containing water. Her face and lower extremities were œdematous. Her sleep was much disturbed, caused by darting pains in her intestines, and shortness of breath on lying down. As I considered this a clear case of either tinea or distoma hepaticum, or both, as described in the Cyclopædia of Practical Medicine, Vol. IV., page 719, I gave her the empyreumatic oil, as published by me in the same work, Vol. IV., page 743. She took two teaspoonsful mixed in molasses, morning and evening, and drank freely of barley water. After taking six doses, I administered to her R. Mistura nigra, ℥ iv., and a glyster R. Aqua calcis, ℥ xvj.; tr. ferri muriat., ℥ iij. M. For two hours after each dose of the oil, she suffered severely from headache and distress in the intestines. The medicine and injection commenced operating freely in about three hours. The first evacuation was very large, and composed of the eneina, the ordinary fæces, and a quantity of mucous matter similar to that which usually passes when the tinea has been decomposed. The mucus was filled with some hundreds of the flukes, such as I send you. Every subsequent passage for the next two days was of the same character, but less in quantity. She now commenced taking the oil, which had been suspended, but after taking two or three doses she refused to take any more, on account of its making her sick, and because she did not like the taste. I gave her—R. Sup. tart. potassæ, ℥ ij.; pulv. jalap, gr. xx. This operated freely, but brought away no more worms. Through the persuasion of her mistress she was induced to resume the oil, and she finished the bottle. During this time the dropsy was rapidly accumulating; and in order to expel from her whatever worms might still remain in her intestines, and in order to clear her of the empyreumatic oil before treating her for the dropsy, I gave her a large dose of salts, senna and manna. This operated with great severity, and brought away an incredible quantity of mucous matter, and three or four more flukes at the expiration of forty-eight hours after this evacuation. At subsequent ones her kidneys began to act freely, and by the end of twenty-four hours more not a vestige of the dropsy remained. Having a slight pain in the side remaining, I deemed it proper to act on the liver slightly, and prescribed—R. Ext. taraxic., ℥ ij.; ext. graminis, ℥ ij.; aqua, ℥ vj.; bicarb. soda, ℥ ss. M. A tablespoonful to be taken every four hours. She is now attending to her domestic duties, and apparently well in every respect.

Yours respectfully,

431 Grand st., New York, March, 1852. J. X. CHABERT, M.D.

PROSECUTION FOR MALPRACTICE.

BY WALTER H. MANNING.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Boston Medical and Surgical Journal of May 23, 1849, a trial before the Supreme Court, for malpractice, was noticed. It was a suit commenced by Francis Conant, of Stow, against Dr. Peter Manning, of Lunenburg, for alleged want of skill and care in the reduction and cure of a dislocation of the plaintiff's thigh. This case was first tried at the April term, 1849, and resulted in a verdict of \$562,50 against Dr. Manning, and a motion was made to set aside the verdict as against evidence. In January, 1850, the evidence having been reported, and the question fully argued before the whole Court, the verdict was set aside, and a new trial ordered, it having been the unanimous opinion of the Court that it was manifestly against the evidence.

At the April term, 1850, the case was again tried, and with a result still more extraordinary. The Jury found a verdict of \$100,00 !! against Dr. Manning. The evidence was substantially the same as on the former trial. A fact appeared, however, on this trial, which was somewhat remarkable, and had not been disclosed before. After Conant had left Lunenburg and returned home, finding himself still lame, and being advised, he applied for aid at the Massachusetts General Hospital. At this time the dislocated limb was found to be shorter than the other, and the foot turned in, and could not be rotated outward. Pulleys were applied for the purpose of reduction, and although the difference in the length of the limbs continued, great improvement was experienced in the outward rotary motion of the limb, and upon careful examination it was found that the neck of the bone was broken, and the head reposing in the ischiatic notch—the fortunate effect of the force applied at the Hospital, although not anticipated at the time. Again Dr. Manning moved to have the evidence reported to the whole Court, in order to obtain a new trial, and the motion was granted.

The motion was granted in January, 1851, and at the last October term the Court set aside the verdict, and ordered a new trial, upon the ground that there was no evidence upon which a jury could reasonably find a verdict against Dr. Manning. A proposition was then made to dismiss the action, which was acceded to, and the suit was abandoned. (J. G. Abbott for the plaintiff; G. F. Farley and C. B. Fletcher for the defendant.)

A suit had been commenced in the County of Worcester, by Dr. Manning, against Conant for his bill for services for medical and surgical treatment, and although the doctor had been threatened in that suit with the defence of malpractice, at last December term the defendant was defaulted and has paid the execution.

The result of the whole matter is, that Dr. Manning, who was guilty of no fault, but who manifested a degree of skill highly creditable to any surgeon, as is clearly proved by the subjoined certificate, has been

harassed and perplexed with a lawsuit, as unjust and unfounded as it has been vexatious and expensive.

March, 1852.

Below is a copy of a certificate of Dr. Warren and others.

Boston, June 26, 1848.

The undersigned having been called, in their official duty, as surgeons of the Massachusetts General Hospital, to examine the case of Mr. Francis Conant, of Acton, who some months since received severe injuries from being run over by a loaded sled, and having heard his account of the accident with the subsequent treatment, and having also heard the history of the treatment from Dr. Manning himself, are of opinion that the injuries experienced by Mr. Conant were of a severe nature, and endangered his life; that owing to the skill and attention of Dr. Manning, under Providence, his life was preserved, and his fractured jaw happily restored; that the imperfect restoration of his hip may be attributed, so far as we can judge from the information received as above, to the peculiar nature of the accident, and not to any want of attention on the part of Dr. Manning. We can also add that the conversation we have had with Dr. Manning, and the questions we have asked him, lead us to believe that few practitioners in the country are better qualified than he is, by their good judgment and experience, for the practice of medicine and surgery.

Signed,

JOHN C. WARREN,	J. MASON WARREN,
GEO. HAYWARD,	S. PARKMAN,
S. D. TOWNSEND,	HENRY J. BIGELOW.

Note.—The result of a motion for a new trial was noticed in the *Journal*, Vol. XLI., page 79.

ON THE PRESENT STATE OF MEDICAL EVIDENCE.

A Lecture delivered before the Royal College of Physicians, Edinburgh, on 10th March, 1851.
By ROBERT CHRISTISON, M.D., Prof. of Mat. Med. in the University of Edinburgh.

MR. PRESIDENT AND GENTLEMEN,—The subject which I propose to bring before you this evening is one which some time ago engaged my earnest attention, soon after I was appointed Professor of Medical Jurisprudence in our University.

At that period—more than five-and-twenty years ago—an acquaintance with medical jurisprudence was confined in my own profession to a few studious amateurs. And, if the necessities of practice involved a more frequent knowledge of it among lawyers, that knowledge nevertheless could not be very deep or very sound, so long as it was necessarily derived in a great measure from the medical sciences, which at that time were not specially studied in their medico-legal relations by their own proper followers.

Hence in this department of law the principles of action were vague, and the practice of courts fluctuating. Medical evidence was usually

loose and inconclusive, or rash and contradictory, limited in its range, and held in low esteem. And what else could be expected, when the physician or surgeon, in his novel position of medical witness, did not discover till too late that an important branch of medicine had been left out in his education; and the lawyer that, instead of having simple matters of fact to deal with in his examination, he was unexpectedly plunged in the depths of sciences unknown to him?

The first step taken towards an improvement of these things, was the admission of medical jurisprudence in 1825 into the curriculum of medical study in our own University. The professorship had existed for eighteen years, but languished under great discouragements. At last the subject was partially recognized in Edinburgh as a branch of the graduate's education in the autumn of 1825. In 1830 a thorough recognition in the regulations of the Royal College of Surgeons of Edinburgh placed it on a par with the other branches of professional study for surgeons. In 1833 the example of that College was followed by the *Senatus Academicus* of the University; and other boards of medical education in the three divisions of the empire also concurred in the same measure at a later date. A professorship of medical jurisprudence, too, was founded at Glasgow and in the University-Colleges of London, a lectureship in each of the universities of Aberdeen, and others in the London hospital schools, as well as in the University and Royal College of Surgeons of Dublin. Thus everything which could be done by the patrons of education in the way of encouragement has been at last, although somewhat tardily, accomplished.

Another important element of progress was, that about the commencement of the same period, medico-legal inquiries, for the first time in this country, began to be frequently chosen as the subject of express original research and practical observation. The present sketch is not the place for a history of medical jurisprudence, otherwise many familiar names might be noticed in connection with these researches. But I hope that, without incurring the charge either of egotism, or a neglect of others, it may be allowed me to refer briefly to my own endeavors; because, unless this be done, it may be difficult to find favor for the views which will be submitted by-and-by for your consideration.

On my appointment as professor of medical jurisprudence in 1822, it was natural for me to feel sensibly its low estate, and my duty to raise it if I could. For this end it was desirable to choose a particular branch only of a subject so comprehensive as to extend both its roots and ramifications into all the other medical sciences. My choice fell upon toxicology—in itself indeed no narrow field, but one almost untrod-den by British cultivators, yet at the same time more full, perhaps, of varied interest than any other, better fitted at all events to attract general notice, and also more likely to yield good fruits in the hands of a young laborer.

Fortunately, at the same time, a wise innovation—for which, as for many more important improvements, our criminal law is indebted to the late Sir William Rae, when Lord Advocate—placed the professor of medical jurisprudence in direct contact with the practice of his science,

and taught him to preserve a practical bearing alike in his lectures and in his private inquiries. The professorship had at this period existed for nearly twenty years; yet, though founded by the Crown, its occupants had seldom or never been consulted by the Crown officers in medico-legal questions. On the contrary, when any of them appeared in the arena of a law court, his weight was thrown into the opposite scale, and so far as may be judged of from hearsay, rather to the obstruction of justice than the discovery of truth. Sir William Rae, perceiving, probably, the evils of this arrangement, and the growing influence of medical jurisprudence, consulted its professor on all important criminal cases, especially in questions of poisoning, and made him a witness when such testimony seemed advisable.

The consequences to the practice of our criminal courts, resulting from all these changes, were soon apparent through every branch of medico-legal science; but in none so manifestly as in the most difficult department of all, that of toxicology. In trials for poisoning prior to this time, the proof of the fact of death by poison was looked forward to by the public prosecutor with more anxiety and distrust than any other part of his case, and by the opposite council as the most promising outlet for the prisoner's escape. But a total change gradually took place in this respect; and at length, after a hard forensic conflict in 1827, on the occasion of the trial of Mrs. Smith for murder by poison—when the medical evidence, based on the most modern improvements in medico-legal analysis, was vainly assailed by all the skill of the most eminent pleaders of the Scotch bar, with the aid of able and zealous medical advisers and medical witnesses—the fact of death by poison became an article of proof on which the crown lawyers could confidently rely in every case which they judged fit to send to trial; and it is now no uncommon thing for the prisoner's counsel to admit that part of the case altogether, and to look in quite another direction for the chance of a successful defence.

The conclusion I would venture to draw from this brief narrative, and my reason for placing it before you, is, that such an advancement having been attained in the most difficult department of medical jurisprudence, there seems no reason why every other should not be placed in the same favorable position, if similarly cultivated and similarly fostered. It may seem surprising, indeed, that this object has not been already accomplished; but an untoward occurrence, which I would willingly here evade, if it were possible, soon afterwards put a stop to all further progress, by undermining the confidence of law courts in medical evidence.

The general cultivation of medical jurisprudence naturally inspired medical men, when they had now to appear as witnesses, with a reliance on themselves which they had been very far from feeling during their previous imperfect acquaintance with the subject. Instead of shunning criminal and civil trials as formerly, many now rather courted the notoriety of the witness-box. Some even carried their liking so far that, if not consulted on one side of a case, they had no objections to be consulted on the other—thus attempting to engraft the part of counsel

upon that of witness. The example of medical controversy on the occasion of the trial of Mrs. Smith seemed to engender an epidemic contentiousness in the profession, and this at a time when, by an unlucky coincidence, medical polemics were in the ascendant in this city. Hence it was apparently enough that certain parties were cited on one side of a civil or criminal trial, for certain others to appear, by a sort of instinct or custom, on the opposite side. The grounds of procedure on these occasions were probably not always well considered by the actors; at all events, by both bench and bar they were thought not wholly free from suspicion. The confidence of lawyers in medical testimony was thus severely shaken; and the estimation in which medicine had been previously held received a blow from which it has not even yet recovered. But unjustly. For, while the fault was that of a few, not of the many, and still less of medicine itself, nevertheless the obloquy, which might have been rightfully visited on those who erred, fell not upon them, but was extended to our profession at large by a hasty and undiscerning generalization; and those who might have cured the evil by a little judicial discipline, preferred to censure medical evidence in the abstract, and to moralize over the uncertainty of physic and the discordances among physicians.

But in truth the fundamental cause of such misadventures, and of the present imperfections in medical testimony, as well as in the practice of our law courts respecting it, lies deeper and elsewhere than would seem to have been generally imagined. No branch of medical jurisprudence has been so little studied systematically by either lawyers or medical men as the most essential of all for its healthy development—namely, that which relates to the principles and practice of medical evidence. Lawyers have taken but little pains to penetrate into the intimate structure of medical evidence. No adequate attempt has been made by them to instruct medical experts and medical witnesses in their medico-legal duties. Nor, on the other hand, has any competent authority in physic labored hitherto with success to throw light on the medical side of the subject.

Most of the standard legal authorities on the law of evidence barely touch upon that part of it which rests on medical science. They do so, some more and others less particularly, in order to mention the practice of law courts in receiving medical evidence; but no one has attempted a critical analysis of it, which certainly seems surprising, if we consider either the vast importance of such evidence in the majority of cases in which it is called for, or the frequent complaints of these writers as to its imperfections.

In Baron Hume's work on crimes, where he treats of the proof in criminal proceedings, no notice is taken at all of the duties or evidence of the medical witness. Burnett, in his work on criminal law, may or may not have had it in view, when he says in a single line, that "witnesses must in general speak to facts, and not to opinions either of their own or of others" (p. 609). Phillipps, an esteemed author on the special subject of evidence, merely observes that, as a witness should speak to facts only, his opinion is in general not evidence; but that on

questions of science or trade persons of skill are allowed to give both facts and opinions; and that medical persons may thus give their opinions on facts stated by others, as well as those observed by themselves (i. 288). In Glassford's "*Principles of Evidence*," the sum of his statements on medical testimony amounts almost exactly to what has been stated by Phillipps; but there are also little detached passages throughout his book which show, that he had penetrated into its nature and peculiarities further than most other authors on this subject, and which raise a regret that he had not investigated its structure more expressly. Tait, copying the statement of Phillipps, adds the lamentation, that "it is found by experience that scientific men often differ in opinion, and that their testimony is often very uncertain"; but he makes no attempt to discover why it is so. Starkey, an English author of high estimation, remarks more precisely than his precursors, that "the testimony of medical men is constantly admitted with respect to the cause of disease or of death, * * * and the general state of the mind of the patient, as collected from a number of circumstances"; and that "such opinions are admissible in evidence, although the professional witnesses found them entirely on the facts, circumstances and symptoms established in evidence by others, and without being personally acquainted with the facts" (i. 154). Peake, developing somewhat the latter observation, says, "that a physician, who has not seen a particular patient, may, after hearing the evidence of others, be called to prove on his oath the general effect of the disease described by them, and its probable consequence in the particular case (P. 195). Chitty, in his work on medical jurisprudence, goes no further in his exposition; but seems to doubt the admissibility of such evidence in one extensive field of practice, viz., in questions of lunacy (P. 359). Greenleaf, a recent American authority, of great reputation both in the United States and in this country, simply transcribes the observations of Starkey. Mr. Alison, in his "*Practice of the Criminal Law of Scotland*," has gone more minutely, as will be seen hereafter, into the practice of Scotch courts relative to the management of medical evidence; and, resting apparently on his extensive opportunities of observation while he was an advocate-depute in the criminal courts, he gives a more precise shape to the disparaging opinion of Mr. Tait, and complains "that medical men, even of character and information," should have been found by experience to be "generally so prone to contradict one another, and to adhere to the side on which they are cited" (P. 545). I must here again be allowed to express my regret, that one who has written so much and so well on the practice in regard to medical evidence, should not have been led to investigate its principles, and that he should have wound up his statement with a severe, though not unmerited censure, without being tempted to inquire, by an analysis of medical evidence, into the source of defects which must have struck him so forcibly. Lastly, Professor Ames, of University College, in his lectures published in the "*London Medical Gazette*," for 1830-31, has learnedly expounded the English practice as to the reception of medical evidence, and laid down many excellent practical rules for the conduct of medical men in their medico-legal capacity;

but, like Mr. Alison, he has not made any attempt to analyze medical evidence ; while, like him, too, he proclaims it as "a great reproach to the medical profession that, on the occasion of celebrated trials, the medical witnesses on one side and the other have contradicted each other in such a point-blank manner in their opinions delivered on oath." (*Medical Gazette*, vii., 613.)

Can nothing, then, be done to remove the opprobrium thus fixed upon our profession and the sciences we cultivate ? I am not vain enough to suppose that I can accomplish this. But it may at all events contribute something to so desirable an end, that we shall all see clearly what there is in the constitution of medical evidence, as well as in the practice of law courts, which leads to the uncertainties and contradictions thus so generally complained of by lawyers.

We turn in vain for this information to the medico-legal writings of members of our own profession. For, if legal writers on evidence have dropped the subject at the confines of medicine, as little have medical authors taken it up there. In the "Treatise" of Dr. Paris and Mr. Fonblanque, the remarks made on the law of evidence have only a general application, and do not bear on the specialties of medical evidence. The elaborate "Elements" of Dr. Beck are scarcely less meagre on the subject. In the more recent "Manual" of Mr. Taylor, the general topic of medical evidence has been omitted altogether. In 1824, however, a separate volume was published expressly on this theme by Dr. Gordon Smith, afterwards for a short time professor of medical jurisprudence in University College, London. But with much literary research, sundry judicious suggestions as to the rules of evidence observed in courts of law, and some sound advice to medical witnesses, this rather bulky work fails nevertheless in developing the principles and structure of medical evidence, and wants that practical character, which its learned author would undoubtedly have given to it, had he been more engaged than he actually was in the practice of medical jurisprudence.

It is possible that these writers, in thus passing by the intimate nature or structure of medical evidence, did so because they regarded it as too elementary and self-evident to require notice from them. But if this be the explanation of their silence, they have been in error. Not indeed that anything very new or recondite can be said on the subject. On the contrary, it will be, I trust, no slight test of the truth of the succeeding statements, that they will appear, to every well-informed member of the medical profession, as propositions which either actually have or ought to have suggested themselves before to his mind. But I apprehend, nevertheless, that they have been both too little studied, and too lightly weighed, otherwise it is difficult to account for the continuing imperfections of medical evidence, or for the prejudices which have in recent times prevailed against it.

[To be continued.]

SANITARY REFORM AND VITAL STATISTICS IN LOUISIANA.

[A MEMORIAL to the Legislature of the State of Louisiana, from the Medical Society of that State and the Physo-Medical Society of New Orleans, on the subject of the registration of births, marriages and deaths, is ably drawn up by Dr. Simonds, and is published in the New Orleans Medical and Surgical Journal. We take from it the following quotations, which will be read with interest.—ED.]

Within the last thirty years the subject of sanitary reform has become one of the prominent questions of the day, especially in England and some of the northern States. The attempt to improve the health of any locality, or of any particular class of persons, must be preceded by investigations more or less accurate, into the prevalent kinds of disease and causes of death; for thus only can proper direction be given to efforts for the removal of those causes. Sanitary reform, based, as it must be, upon vital statistics, has therefore attracted to the latter a degree of attention not previously bestowed upon it. The vital statistics of a country cannot be developed by private records or investigations; nor by investigations instituted at long intervals, as at the periodical taking of a census. The only means by which the facts can be rendered available is, by their record at the date of the occurrence of the events; for thus only can accurate and reliable data be obtained. A system of registration by collecting the necessary facts, becomes available for the determination of the true sanitary condition of different localities, and may be used to direct efforts for its improvement in the most effectual manner.

No region of country has a worse reputation abroad for salubrity than the Delta of the Mississippi, and no city in the civilized world is elsewhere considered more insalubrious than the city of New Orleans. The want of information—the failure to furnish accurate statistics of our actual mortality, and the injudicious efforts to palliate the apparent mortality by deducting a portion of the deaths, or adding to the census population—by leaving a degree of uncertainty upon the subject, has served to exaggerate the idea of its insalubrity. The vague, undefined, and misty idea presented by a large number of deaths (which cannot be denied), with insufficient precision as to their causes and place of origin, has presented itself to the minds of those who have never visited our region, as a phantom of death; and it has been, and is even yet, considered almost an act of self-immolation to venture here. It is generally thought that one might as well be bitten by a venomous reptile, or attempt to repose under the shade of the upas tree, as to venture here, where may, nevertheless, be found a large, flourishing and healthy population. This is due to the fact, that for years the health of the city and country has been estimated by the statistics of the Charity Hospital, the only figures ever published to the world—which *judges by figures and not by assertions*. For the last five years only, have sufficiently authentic, accurate, and continuous records been preserved in New Orleans, to make reliable calculations as to its sanitary condition. These data show, that including the great epidemic yellow fever of 1847—

the ravages of cholera, and in fact every death that has been recorded—those dying immediately on their arrival here from foreign ports, and from the upper country, the mortality is (without attempting to make any abatement) only 6.728 per cent.* Will this prevent any person from coming to New Orleans? On the contrary, will it not dispel that shadowy mistiness which exaggerates into a giant, proportions not far exceeding the natural? Will it not reduce greatly the ideas entertained of the pestiferous character of New Orleans? Will it not, therefore, encourage immigration? There is no doubt that it will, and that a proper system of registration would prove, that many of these deaths are not attributable to endemic influences, but to a variety of causes, which, though existing elsewhere, to some extent, are here manifested with a greater degree of intensity.

Whatever may be the degree of mortality here, whether it be great or small, the important question that must present itself to every mind is, can this mortality be reduced, can the number of deaths be diminished? That they may be, scarcely admits of doubt; but how can proper measures for this reduction be proposed, until its causes are known? and how can these be discovered but by an accurate registration and a thorough analysis of the data furnished thereby? If a system of registration contributes to this end, it is a public benefit; for population is the wealth of a State: without population, the richest mines, the most fertile soil, the most unbounded manufacturing and commercial capacities, must remain barren and unprofitable.

That the vital statistics of each different locality must be examined for itself, may be shown by the results of some of the most celebrated Tables of Mortality.

Of 100,000 aged	25	and	65
there survives at age of	65	and	80
according to—			
Dr. Price, Northampton,	34.286		23.738
“ Sweden,	43.137		23.704
De Parcieux, Tontine,	51.053		29.873
Milne, Carlisle,	51.335		31.577
G. Davies, Equitable,	49.330		37.267
Finlayson, 1825, Govt. Ann.	53.470		38.655
“ 1827, “	53.950		37.355

If such discrepancies exist in the same region of the globe, with the same general character of populations, similarly circumstanced, we surely cannot, from all the facts heretofore collected elsewhere, predicate any thing concerning the vital force in a State situated as is this, differing in all the elements of vital statistics.

Hitherto so little attention has been paid to the collection and preservation of data pertaining to vital statistics, that it is almost impossible to present any facts, from our own history, to show their importance and value. The following—the best that can be obtained—

* This calculation includes deaths in 1851, viz.: five and one third years from September 1st, 1846, to December 31st, 1851.

are only intended to show that important truths might be deduced from such materials, if they possessed sufficiency of accuracy and minuteness of detail.

In 1818, the number of deaths in New Orleans was 1,185; in 1851, the number had increased sixfold, being 7,275, while the population had only increased threefold.

In 1830, the population of New Orleans was 49,826; in 1850, it amounted (with Lafayette) to 129,757: the mean number of annual admissions to the Charity Hospital for the years 1828-'29-'30-'31-'32, was 2,736; while for the years 1849-'50-'51, it was 17,451. In 1830, the admissions amounted to nearly five and a half per cent. of the population; and in 1850, it had increased to nearly thirteen and a half per cent.

Of the total admissions, females constituted 6.17 per cent. from 1832 to '38—12.95 per cent. from 1839 to '45; and 21.81 per cent. from 1846 to 1851.

These facts are sufficiently remarkable to at least suggest an inquiry into their causes.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 31. 1852.

Spiritual Rappings.—A respectable correspondent has addressed us on this popular delusion, in a manner to lead to the supposition that he advocates its investigation. It is his deliberate opinion that the phenomena are not produced by supernatural means. In this we perfectly coincide with him; and when a little more ground is embraced, he too will settle down in the firm conviction that the whole thing, from beginning to end, is quite beneath the consideration of any man who has capacity for higher contemplations. What is gained for science or the domain of common sense, by perpetually intimating that *there may be something in it*? It is an easy way of disposing of matters that appear to be beyond ordinary reach, while it implies that the individual who utters these sage words, has something in reserve more than he chooses to divulge. It is more manly to come out boldly, as Dr. Taylor did, in a late number of the Journal, state facts, if there are any, and philosophize afterwards. Instead of this, suggestions are made that it is better to wait awhile before condemning what may be true, and then come inuendoes that betray a defective judgment, instead of a bold, straightforward course, indicating a spirited determination to wage an uncompromising warfare against impositions.

We are frequently asked why gentlemen of distinguished attainments do not take the matter in hand, and settle the question of the rappings—proving either that they are something beyond the scope of scientific explanation, or mere imposture. But, as there are no limits to the vagaries of a distempered imagination, such individuals very prudently refuse to belittle themselves in researches so very absurd.

All the isms of this extraordinary age have been advocated by persons who are the least qualified to detect frauds. Their impressibility and

ductility are the life-blood of all the different humbugs, that succeed each other with a rapidity as surprising as the gullibility of thousands who consider themselves wise.

In order that our readers may know something of what is thought of this matter abroad, we copy the following remarks from the last number of the Western (Louisville) Medical Journal.

"The northern humbug has taken another shape, and 'spiritual rappings' are about to be superseded by 'spiritual writings.' The excitement growing out of this new phase of the superstition is leading, as might be foreseen, to the most deplorable consequences. Many of the victims of the delusion are said to have been driven mad. These 'spiritual writers,' who are very numerous and rapidly increasing in some of the northern States, profess to be able to communicate directly and familiarly with the spirits of the departed, and even with the Supreme Being himself; and, strange as it appears to us, there are multitudes who are duped by the monstrous imposition. The writers, in many cases, are evidently self-deluded. Under the influence of a species of hysteria, their hands execute movements which their wills seem hardly to dictate, and words which are in their minds are written apparently without a voluntary effort. The thing seems to them miraculous; they are confounded; reason and common sense are surrendered, and they give themselves over to the wildest extravagances.

"We have many analogies for the phenomena in the history of medical superstitions, to which it may be worth while to refer on a future occasion."

Dr. Meigs's Charge to Medical Graduates.—At the termination of the Jefferson (Philadelphia) Medical College lectures, Dr. Meigs gave a parting charge to the graduates. In it he congratulates them on the successful close of their studies at the institution, and offers expressions of regard, and interest in their future progress. They are reminded that the faculty have exerted themselves to advance those under their guidance in knowledge; and when scattered abroad over the world, it would be pleasant and grateful to recollect those who had labored for their profit. Dr. Meigs has a pleasant manner of telling those who were listening to him, that there is still something more to learn. Their conscientious discharge of professional duties would enhance their own individual happiness, and also increase the happiness of the circle in which they may move. There is no country, as Dr. M. says, where people wholly dispense with physicians; but he might have added that there are many in which they are shamefully neglected. With a glowing encomium upon the value of an educated physician, Dr. Meigs offers encouragement to such as have faithfully labored to fit themselves for the position they covet. If all could triumph as he has, and succeed in making the unwilling, hard-hearted world acknowledge the claims of genius, industry and learning, what bright hopes might not be indulged! No attempt, in this address, is made at brilliancy, or any thing beyond a sensible parting discourse, in which the professor succeeded admirably, as he always does. We do not wonder the hearers asked it for the press, and it was creditable to them to give a permanent form to the sentiments it inculcates.

Popular Anatomy.—A set of the large charts prepared for common schools and seminaries, by Dr. T. S. Lambert, has been examined.

They bear a close inspection, and are entitled to the consideration of medical students. It was never intended by Dr. Lambert to do more than put in circulation accurate drawings, from the very best sources, enlarged and distinctly colored, with a view to enlighten the understanding of young persons who were not particularly set apart for surgeons and physicians. Upon the presumption that human anatomy, like the elements of physiology, is a necessary branch under the improved system of common school education, his object has been to make a hard subject easy, and teachers give him the credit of having succeeded. A set is made up of six plates, copied from the best French authorities; but of course they are not sold at the price of the originals. The distinct exhibition of the muscles, the truthful coloring, and the general finish, are in a style of art that shows what progress is making, in New England, in this line of business. One of the series is exclusively devoted to the anatomy of the eye, greatly magnified—which alone is worth, to a medical student, the cost of the whole six.

National Reward for Discovery.—From various sources, it comes to the public that a Committee of Congress have reported in favor of giving Dr. Morton, of Boston, one hundred thousand dollars, for the discovery of etherization. Dr. C. T. Jackson is at Washington, and, with his friends, is making efforts to counteract this extraordinary action. A minority report will unquestionably appear, in which reasons of a cogent character will be given why no such great boon should be conferred. This revivification of the old worn-out controversy of who first made the discovery, has brought out the friends of the late Dr. Wells, of Hartford, Conn. They show, quite clearly enough to come in for a share of the money, that Dr. Wells was the man entitled to the honor of discovery—and that neither Dr. Jackson nor Dr. Morton would have known any thing of the matter, had it not been for that gentleman. A column of argument and facts appears in the Hartford Times, which, had it been placed before the Committee, would perhaps have affected the tenor of their report. There have been, from the beginning, two parties here in Boston, where the great discovery was first promulgated—siding with one or the other of the two individuals first named—nor will any decision of Congress probably change the opinions of either.

With regard to the probable prospect as to the use hereafter of anæsthetic agents in surgery, it may be confidently predicted that in all great operations surgeons will continue to avail themselves of this means of lessening the sufferings of patients. Yet very many operators have refused to introduce it into practice. It is even represented that the current of public sentiment is hostile to the free use which is made of it by its warmest advocates. Of this, however, the profession may form different opinions; but they will not disagree on one point, viz., that one hundred thousand dollars is a large amount for the pocket of the one who gets it.

Microscopical Researches.—Professional gentlemen, visiting Boston, would unquestionably be gratified by an examination of the beautiful microscopical preparations which Dr. Durkee, of this city, has prepared. We have had nothing more delicate from Europe, than he brings before his friends. Some of the tissues, longitudinal sections of the teeth, the extraordinary structure of the nerves, the minute exhibition of the

membranes in different parts of the eye, &c., are both marvellous and instructive. Strange that this beautiful instrument is not more generally in the hands of medical inquirers.

Dr. Manning's Case.—The case alluded to in another part of the Journal to-day, is one calculated to awaken the sympathy of every member of the profession. Dr. Manning is a deserving physician, and has been obliged to bear a heavy burden; and as it has been borne, in part, in behalf of the profession generally, it is hoped that they will generously uphold and cheer him so far as it is in their power to do it.

Medical Miscellany.—Most of the recent cases of insanity admitted into the lunatic asylum, Western New York, were produced by the spirit-rapping mania.—The public health appears to be unusually good throughout the north at this particular time.—Dr. Swett's new work on diseases of the chest is meeting with excellent success.—Dr. Gross's last production is pronounced very valuable. The more it is studied, the better it is liked.—Beautiful artificial limbs, surgical apparatus, and the best of chemicals, are manufactured in Boston.—A new plan of setting artificial teeth in a gum that hardens, has not yet been introduced here, although spoken of with commendation in some of the Dental Journals.—Yellow fever was abating at Pernambuco, by the latest advices.—The city of Lowell bill of mortality is methodically drawn up, without any unnecessary words; total deaths last year, 629. Consumption is prominent, as usual, in the catalogue of fatal diseases.—The Saratoga Empire Spring water continues to be in active demand. There can be no question in regard to its excellent properties.—A spring course of medical lectures will commence at the Starling Medical College, Columbus, Ohio, March 24th; price, \$25.—Dr. Hooker's admirable work on Homœopathy, may be had of C. Scribner, 145 Nassau street, New York, by ordering it through the mail, sending fifty cents, in letter stamps, in payment; or a one dollar bill, and two copies will be returned, free of postage.

NOTICE.—Fellows of the Massachusetts Medical Society, living in Boston (South and East included), who have not joined the Boston Medical Association, are urgently requested to become members, previous to the next Annual Meeting in May.

No. 28 Harrison Avenue. Office hours, from 1½ to 4 o'clock.

By vote of the Association.

E. W. BLAKE, *Secretary*.

Boston, March 29, 1852.

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MARRIED.—At Northfield, N. H., Jan. 27th, Dr. L. C. Bean to Miss Susan Gerrish.—Seth Williams, M.D., of Freetown, Mass., to Mrs. H. Pratt.

DIED.—At New London, Conn., Dr. Isaac Thompson.—At St. Clair, Michigan, R. Chamberlain, M.D., 75, a native of Massachusetts.

Deaths in Boston—for the week ending Saturday noon, March 27th, 71.—Males, 35—females, 36. Anemia, 1—inflammation of brain, 1—consumption, 19—convulsions, 3—dysentery, 1—dropsy, 1—dropsy of brain, 5—drowned, 2—exhaustion, 1—typhus fever, 2—typhoid fever, 1—scarlet fever, 5—hooping cough, 3—hemorrhage, 1—disease of heart, 2—intemperance, 2—infantile, 7— inflammation of lungs, 5—marasmus, 2—old age, 1—palsy, 2—iceithing, 2—thrush, 1—unknown, 1.

Under 5 years, 31—between 5 and 20 years, 5—between 20 and 40 years, 19—between 40 and 60 years, 13—over 60 years, 3. Americans, 29; foreigners and children of foreigners, 42. The above includes 7 deaths at the City institutions.

Annual Commencement of the Baltimore College of Dental Surgery.—The annual commencement for conferring the degree of Doctor of Dental Surgery upon the graduates of this institution was held last week in the hall of the college building in Lexington street. The occasion drew together a very large assemblage—about half of which was composed of ladies—to witness the ceremonies attendant upon the conferring of the degrees. At the appointed time for commencement, the Rev. Dr. Nadel opened with prayer, after which W. R. Handy, Dean of the Institute, read a list of the graduates, which were as follows: Thos. D. Simonton, of Penn.; Adelbert J. Volck, Germany; Henry Stevens, Conn.; Francis E. Cloutier, La.; John A. Cobbs, Va.; Richard F. Finch, Va.; P. Henry McCargo, Va.; Albert A. Cleaveland, Md.; Warren Walsh, Md.; Thos. E. Chapin, Mass.; Stanhope A. Sudderth, N. C.; George Mears, Penn.

The diplomas were then bestowed upon them by the provost, Dr. Eleazer Parmly, of New York. During the ceremony a large number of bouquets of beautiful flowers were thrown to the graduates, a number of them propelled by the fair hands of the ladies. The address for the occasion was then delivered by Dr. Parmly, and was an able and eloquent production, worthy of the talented Doctor. The address embraced a defence of the Baltimore College of Dental Surgery against attacks made upon it and upon institutions of a similar character. He advocated the establishment of dental professorships in all medical colleges, though he still contended that so good an education in this particular branch could not be obtained except in a college like that whose commencement they were now attending.

At the conclusion of his address the band performed another piece of music, which was succeeded by the valedictory address of Dr. Robert Arthur, of Washington City. Dr. Arthur was the first graduate of this college, and received his diploma ten years ago. His address was replete with good advice, much of what was spoken having been derived from his own experience. And if the gentlemen to whom he spoke pay attention to it, it cannot but enure to their benefit.

At the conclusion of the address the benediction was pronounced by Rev. Mr. Nadal, and the audience departed well pleased with the proceedings of the evening.

Health of St. Louis.—It is with much pleasure that we again pronounce upon the continued health of the city of St. Louis. It is impossible to bring to mind for many years such a condition, more equable, more uninterrupted. Our mortuary statistics have fallen as low, during the month of January, as 33 for the week; and notwithstanding the influx, constant and augmenting, of emigrants to our midst, bringing with them the seeds of fevers, which in some few burst forth with fatal energy, we find that St. Louis, however much she may have suffered during one epidemic, will bear no unfavorable comparison with any other city in relation to her sanitary condition.—*St. Louis Med. and Surg. Journal.*

Egyptian Museum.—The museum of Dr. Abbot, of Cairo, consisting of the rarest and most curious specimens of ancient Egyptian art and life, and which is well known to every traveller in Egypt, has been shipped at Alexandria for the United States.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 10.

PROF. CHRISTISON'S LECTURE ON THE PRESENT STATE OF MEDICAL EVIDENCE.

[Continued from page 181.]

THE general doctrine in law, that witnesses must speak to facts only, and that their opinions are not admissible as evidence, rests on two grounds. The first is, that the forming of opinions is the proper province of the jury. This is usually the only reason assigned. But another, not less important, is that an opinion can seldom be formed on any branch of a case, however subordinate, without the witness exercising his judgment as to the truth of the facts deposed to—a function which belongs even more peculiarly to the province of the jury.

But the general doctrine must be violated when questions of science arise in the course of the evidence; because the jury do not possess the requisite scientific knowledge, either to determine the truth of the facts, or to draw from them sound conclusions. Hence, in questions of law, occurring upon trials, the judge is interposed between the facts and the jury; and his opinion is imperative. For the same cause, in questions of medical science, or of physical science generally, professional or scientific men are interposed, who, though nominally witnesses, really discharge the function of judge; but with the material difference, that the jury is not bound to adopt the judgment. Notwithstanding this difference, however, it stands to reason, that the medical witness should be placed as far as possible in the same favorable circumstances with the judge for forming an opinion. It will be seen by-and-by, whether or not courts of law have studied to provide him with that advantage.

Medical evidence consists partly of facts and partly of opinions.

1. Medical facts are derived by the witness in part from the evidence of sense, but in part, also, from that of testimony—that is, from his own observation, or from that of other witnesses.

The facts derived from his own observation are thus obtained as evidence, sometimes because he has been incidentally cognisant of them in the ordinary exercise of his profession, and sometimes because he is employed, in criminal cases, on the part of the crown or the prisoner, in civil cases, by either party in the cause, expressly to conduct professional inquiries relating to it.

In the former case, viz., when deposing to facts occurring to him in-

identally to the ordinary exercise of his profession, a medical witness is usually considered more trustworthy than one who deposes as a witness employed expressly to investigate the facts; for the facts observed in the former way, having been observed without any relation to the questions arising in the cause, are more likely to have been noticed without bias. For it is a principal in law, as well as in reason, that "evidence is more or less deserving of credit, as it is more or less undesignated" (*Glassford*, p. 308); or according as it was prepared or not for the case.

This principle, however, has been allowed too wide an influence in the appreciation of medical evidence in courts of law. An exception has indeed been tacitly admitted in the instance of "experts" employed on the part of the crown to conduct medical inquiries in criminal proceedings; because, as the public prosecutor, at least in Scotland, can very rarely have any other than a public interest in any such case, so the medical expert, as his functionary, can have no conceivable bias, except, indeed, that universal bias from which no man, whether lawyer or physician, witness or judge, can be entirely exempt—the desire to support his opinion when it has been once dispassionately formed. In civil trials, on the other hand, a decided preference is usually shown in courts to incidental medical evidence, over that which is the result of express investigation undertaken at the request of parties or their agents. And this is in general right, so long as the present objectionable mode of obtaining such evidence is adhered to. At the same time I cannot help remarking, that frequently in civil, and sometimes even in criminal law, too decided a preference is given to medical facts incidentally observed over those ascertained expressly for the case. For scarcely any medical man determines the whole particulars of a medical case for the purposes of ordinary practice, with the same care which is taken when he knows that his observations are to be made the subject of review in a court of law. And besides, the medical witnesses, who conduct inquiries expressly for the cause, are selected always for their skill, and commonly also for their character; while incidental witnesses must be taken as they come, and indeed are on many occasions, especially in criminal trials, and for an obvious reason, of no great professional standing. On these accounts, the objection arising from possible bias on the one hand is counterbalanced by that depending upon probable loose observation on the other. And consequently, if the risk of bias could be excluded, as it might in general be by a modification of the present mode of admitting the evidence of "experts," I apprehend that in that case the general principle now under consideration might be reversed in the instance of medical evidence.

The facts of medical evidence are derived not only from the personal observation of the witness, but likewise from the testimony of others. And herein lies much of its weakness.

In legal inquiries, in truth, it is but a small part of the facts constituting the basis of medical opinions that rests on the evidence of the medical witness's own senses. Always a large part, often the whole, is supplied by the observation and memory of others, who being unprofessional

persons, or even although members of his own profession, may be little-competent to observe, to appreciate, or to recollect.

Of the facts derived from testimony, some are deposed to in court in the cause, and others have been collected previously out of court, and with more or less, or no, legal formality. These circumstances must variously affect their validity, both in law and in reason and common sense.

A preference is always given to those facts of testimony which are directly sworn to in the course of the trial, as having been observed by the witness who deposes to them. The reason for this is, that they are subject to the test of cross-examination (*Amos*, *Med. Gaz.*, vii., 548). But I may observe, that medical facts of this kind, though subject to the test, are far from being always subjected to it; for neither counsel nor judge may be always aware when they require it. Hence I have often had occasion to notice that they are allowed more weight than they deserve, when they come to be applied as the basis of medical opinions.

There is no more important principle of the law of evidence, than that it ought to be founded only on facts sworn to in court. A well-known exception, however, exists in regard to the statements of a deceased person, made in relation to the cause while aware that he is upon his death-bed. But a far wider exception has also been long tacitly allowed in law courts, and is now expressly admitted by some legal authorities on the law of evidence—viz., the history of his own case by a deceased person, although not aware he is dying, or though not upon death-bed at all, given to his medical attendant, or even to an unprofessional person, who deposes to the statement in the cause. Thus Mr. Amos observes, “Are we, then, to infer, that what a patient says to his medical attendant can rarely become matter of judicial investigation? By no means. Inquiries by medical men, with the answers to such inquiries, are often received as evidence of the state of health of the patient at the time” (vii., 548). So, too, Mr. Alison says, that in English practice “the account given by a deceased person of his own bodily state during illness, or immediately after injury has been received,” is admitted in evidence, although hearsay (*Practice*, 521). It is remarkable, however, that this statement should be restricted by the author to English law, since nothing can be more certain than that the same is constantly followed in Scotch courts, where, in charges of murder or culpable homicide, and on trials for reduction of wills on the plea of insanity, or of death-bed, as well as for nullity of assurances on lives, both medical and other witnesses are daily allowed to depose to medical facts of extreme consequence, which they obtained from the deceased patient though unaware that he was dying.

It is quite plain, indeed, that medical evidence in many cases could not exist without such a rule and practice; for in that way we obtain not only the best, but even the only attainable evidence. On the other hand, it is equally clear that the rule should be applied with circumspection, and if I may trust my own experience, not without more circumspection than is usually shown. It is not to be supposed that even

medical man, and much less an unprofessional person, while not at the moment aware of the probable future importance of his inquiries, will be so observant of what a deceased person says of the particulars of an illness, of their order of occurrence, of their progress and dates prior to the witness seeing him, as the witness would subsequently wish that he had been, when he finds himself deposing to all these facts in a court of justice. Nevertheless, I do not think I have often seen adequate circumspection observed in receiving such hearsay evidence—an omission which can scarcely be referred to any other circumstance than that, by education, neither judge nor counsel can be prepared effectually to test and check it.

I may here notice, from the trial of Mrs. Smith for poisoning, an apt illustration of an important imperfection thus left in the proof. The prisoner was seen to administer a potion to her maid-servant in a suspicious manner on a Tuesday evening; and in three days the latter died of poisoning with arsenic. A fellow-servant, however, who slept with the deceased, did not observe her to be ill at all on Tuesday night, or particularly so till the evening of next day; on that day, indeed, she was even able to eat a hearty dinner. But her medical attendant, who, visiting her for the first time on Friday evening, found her very ill and evidently dying, and who did not then suspect poison, but thought she had cholera, deposed that she told him she had been exceedingly ill with burning pain, vomiting and purging all Tuesday night and all Wednesday. Had this fact been clearly established, the proof of administration would have been very strong. But it rested on hearsay evidence; and the witness who supplied it, neither at the time of collecting it, nor I suspect even at the time of delivering it, was aware of its extreme importance. Nor did the court seem to be aware of this, nor to observe the discrepancy between his evidence and that of the fellow-servant of the deceased until it was too late; when another professional witness, who did notice the discrepancy, explained that the operation of arsenic could not be suspended for so long a period as from Tuesday evening, when the suspicious potion was administered, until the evening of Wednesday, when the symptoms of poisoning were by all accounts undoubtedly developed. Which of the two opposite statements was correct? The direct evidence of the fellow-servant—or the hearsay evidence of the surgeon? A very grave question. For the proof of administration was the only weak point of the case against the prisoner. A more searching examination might have cleared up the apparent contradiction; and had it done so, the prisoner would have scarcely escaped with a verdict of “Not Proven.”

As facts derived from testimony constitute often so material a part of medical evidence, it is essential that he who has to form opinions from them shall be placed in favorable circumstances for detecting them, for judging of their truth, and for appreciating their bearings and their force. In England this is easily accomplished; because witnesses are allowed to be present during the whole trial, so as to hear one another's evidence. And in criminal trials there is additional access to information, through the publicity given to the preliminary proceedings, both

of the coroner's jury, and of the police magistrate. It is only in very special circumstances, and on rare occasions, that the witnesses at an English trial are excluded from court, and not unless this be requested by the counsel, for reasons which are assigned. It is very difficult in Scotland; where the practice, whether in civil or criminal courts, is a rigorous separation of the witnesses at the precognitions, and exclusion of them from court upon trials until the examination of each begins. Speaking of precognitions, Mr. Alison says, "It is a proper precaution in magistrates to separate witnesses as much as possible during their examination" (Practice, 489). On trials, too, as he observes, "witnesses should not remain in court to hear the depositions of the other witnesses who precede them" (Ibid., 542). And in point of fact this precaution is now followed in both circumstances, much more scrupulously than might appear from Mr. Alison's mode of enunciating the rule.

The rule in question, however, has been by no means invariably observed. On the contrary, until a rather recent date, it had been very much relaxed in the instance of medical witnesses. My own experience will sufficiently show how unsettled really has been the practice. On the first occasion of my being cited professionally for the crown; viz., in 1825, I had not been concerned with the medico-legal proceedings at the precognition; no information was communicated to me about the case in any other way, and I did not hear the evidence at the trial. As it was eventually found unnecessary to examine me, I know not how counsel proposed to do it. For the trial was one for murder by a blow on the head; and the main question, which related to the connection of a fatal erysipelas with the injury inflicted, was to be cleared up principally by medical facts, obtained throughout the evidence of the general witnesses, and such as no unprofessional man could accurately collect and arrange. Next year, on the trial of David Kennoway before the High Court of Justiciary for parricide, a partial improvement was admitted, by allowing the medical witnesses to hear all the evidence of the general witnesses. But they were excluded as soon as the medical examination commenced, even as to facts merely. In the autumn of the same year, on the trial of Clark at the Perth circuit for the murder of an infant by locking it up in his writing desk, the medical witnesses were allowed to be present during the whole trial. And this was at the recommendation of the judge himself, the late Lord Gillies, who justly remarked, that "in such a case, where much depended on the state and appearance of the child's body when first seen by unprofessional persons, and on the nature and position of the articles in the desk which had compressed and marked the body, nobody but a medical man could tell what were or were not medical facts in the evidence of the general witnesses." In the High Court of Justiciary the somewhat undue latitude of this arrangement soon afterwards underwent some restriction. And in 1827, on the occasion of the trial of Mrs. Smith, it seemed to be decided, for the first time with some degree of form, that the medical witnesses should be admitted to hear all the general evidence, and all the facts of the medical evidence, but not the statement of the case by counsel, or the medi-

cal opinions of one another. In conformity with that rule, the precognition was often put before the medical witnesses prior to the trial, to facilitate their inquiries as medical experts, or for their opinion in consultation. This wise and reasonable adjustment, suggested, I believe, by the late Sir William Rae, when Lord Advocate, and sanctioned by the present Justice-General when Lord Justice-Clerk, and at the head of the criminal court, became to all appearance so firmly fixed, that it has been quoted by good legal authority as part of the criminal practice of the country. Thus Mr. Alison, speaking of the usual practice of excluding witnesses in general from the court, remarks: "To this there is an exception in the case of medical witnesses; who should remain to hear the deposition of the witnesses who depone to the facts of the case" (P. 542). "To this rule," he repeats, "there is an important exception in the case of a medical witness called on to give a professional opinion; who not only may, but ought to, remain in court when the examination of witnesses *in causa* goes on." "In all the late trials for murder, accordingly, * * * the medical gentlemen on both sides, who were to give a professional opinion, were present during the whole time." "But," continues he, though they "should hear the whole *facts* of the case detailed by the other witnesses, whether professional or ordinary, who are examined in the cause, yet it is usual, when one medical man begins to give *an opinion*, to cause other medical men to retire" (P. 535). And so of precognitions, where he speaks of the usual practice to keep the witnesses ignorant of one another's declarations, he excepts "the case of a medical witness who is called to give an opinion merely professional; for he should see the precognition, or hear the declarations of the witnesses, as well as the subjects on which he is called to speak, on the same principle on which he is directed to remain in court during the trial, till the medical *opinion* of the witnesses begins" (P. 489).

Mr. Alison's work was last published in 1833; and for some years afterwards the rules he thus inculcates continued to be observed in all courts. But within nine years more a change was again made, and the original exclusive practice was suddenly restored in all its rigor; and so it now remains. In civil as well as criminal trials, medical experts, and medical men consulted for their opinions, are not now allowed to see the precognition. Medical witnesses are not permitted to remain in court, to collect for themselves the facts on which their opinion is to be founded. In the preliminary proceedings they are told only what the counsel or agent may consider to be medical facts, and sometimes very little even of them. And upon trials, they are dependent for the elements of their opinions on the counsel and the judge; who indeed do their best to collect and arrange the medical facts for them, and put questions bearing on the case, but as much as possible in general terms, and without reference to its specialties. One or two deviations from this rule have occurred on the circuits, but it is rigorously observed in the High Court of Justiciary.

The reason for this retrograde step has never been publicly assigned.

But it cannot be any indefeasible principle in Scotch law ; for the preceding narrative shows, that the law is sufficiently pliant in this matter to admit of almost any rule. I may therefore be allowed to point out the objections which exist on the side of medicine to the present system—objections which every medical man must have felt, who has been engaged in medico-legal practice.

[To be continued.]

THE MOTIVE POWER OF THE BLOOD.

[Communicated for the Boston Medical and Surgical Journal.]

THE discussion at present carried on in the pages of the Journal, relative to the motive power of the blood, is one of unusual interest to the profession. The student of nature must be pleased with every discovery or advancement in any branch of science, though such progress should conflict with pre-established theories, and cause some dissension among those earnestly devoted to the cause of truth. There may be something of a conservative spirit in the profession ; but in this era of intelligence and improvement, few can be found who *will* not read and think. When it becomes necessary to remove landmarks, let us do so cheerfully, but by all means be sure not to leave a right position for a wrong one.

The manner in which the new theory of the circulation of the blood is brought before the profession, forms a bit of romance worthy of notice. The lady-physiologist, fearing the calculating spirit of the North, would seem to have sought the "sunny South," that the new theory may have the benefit of light and air, and commits the care of the fledgling to a gentleman possessing chivalry, character and learning. The discoverer is apotheosized ; in place of an eagle set at liberty, an alligator is immolated on the altar of science. Now to say nothing of the crocodile tears that may have been shed on the occasion, it appears to me that the "truth" which has required nineteen years' tender care to bring it to its present maturity, and is now indebted to but one valorous arm for protection, should not boast of much native vitality. I have no desire to break a lance with Dr. Cartwright, but as the glove is thrown down, I suppose the discussion open to the profession.

The fact that the new theory has required but one experiment to prove it, is a little strange. One experiment may prove the *truth* ; but this experiment proves as much for Harvey's as for Mrs. Willard's theory. Neither the experiments of Brodie nor Dr. Cartwright disprove that the heart continued its contractions after respiration had ceased ; and there are numerous facts to show that such action is sustained. Not long since, the details of an experiment made with the heart detached from its connections were given to the profession. The heart contracted for an hour or more after such separation ; at first as forcibly as if connected with its proper tissues and receiving its accustomed stimulus. The experiments of Dr. Dawson, reported in the Journal of

Feb. 25th, are corroboratory of the same facts. Why this intense motor tendency of the heart, if it is but an auxiliary in the circulation?

The profession may have been a little at fault in the theory of artificial respiration. The *saurian* experiment throws some light on the matter. It is an additional instance of the value of artificial respiration, but can claim nothing more. Dr. Cartwright does not enlighten us any on the subject: he used the common means for the restoration of an asphyxiated *nouveau né*, and with usual success; the gold snuff-box is the only peculiarity in the transaction. The fact of resuscitation from asphyxia by artificial respiration, does not any more prove the lungs to be the *primum mobile* of the circulation, than resuscitation, in cases almost equally numerous, by cold affusion, proves the skin to be the motive power of the circulation. Perhaps the skin, as a source of oxygen to the blood, has been underrated; it certainly has, according to this theory.

Mrs. Willard supposes the blood to be oxygenated by inspired air; that such oxygenation produces motion, *per se*. The addition of oxygen to the blood may produce heat, latent or developed, but how does this help the theory? Does simple expansion produce motion? Dr. C. says, "The blood could not derive heat from respiration, without deriving more or less power of motion; because caloric is not inoperative." How is caloric operative to produce motion? Does simple expansion of a body cause change of place? Air may exert its revivifying effects on the blood in its passage through the lungs; but can such chemical change produce motion? In resuscitation, if the blood derives its motive power from the respiration, why is not this motion towards the right ventricle, equally with the left auricle? Mrs. W. says the "blood *must* move, must move where it *can* move." * The sigmoid valves prevent its flow into the right ventricle, of course the other direction must be taken; and the heart assumes re-action because the blood does. This appears to be the theory. The fact of the heart's acting without any blood, and detached from all pulmonary connection—even for a short time—presents some difficulty. The fact appears to be, that when respiration is re-commenced in cases of suspended animation, the heart, by the law of organic sympathy, almost coincidentally re-assumes its function, urging a current of blood through the lungs. In the new theory, the valves of the heart and arteries would but seldom be in requisition. Mrs. Willard calls philosophy to her aid. "The lower particles becoming rarefied, are pressed to the surface by the denser particles"—thus producing motion. The anatomy of the lungs should refute this argument. But little change of place is admitted in capillary tubes which permit the passage of but single globules in succession; and the direction of these tubes is as much against as with the course of gravity. No doubt particles of bodies change place in being subjected to the laws of chemical affinity; but such motion is chemical motion, extending to insensible distances. An immense amount of respiration would be necessary to sustain circulation under this hypothesis.

Dr. Cartwright says, "The vivisection clearly proves that the *primum mobile* of the circulation, and the chief motive power of the blood,

are in the lungs, and not in the heart." I do not know exactly, notwithstanding the above plain language, how much its friends claim for the new theory. Do they maintain that the lungs can support circulation, independent of the heart? Harvey's theory maintains that the heart supports circulation, independent of the lungs. One pretension should be equal to the other. The mixture of mythology, science and experiment, thus far develops that "Niliacus" speedily came to his senses under the manipulations of Dr. Dowler. As remarked by Dr. Chandler, organic life, evidently, was not extinct. The lower orders of vertebrata are often far from being dead when they appear so.

The extract from Cuvier should involve the new theory in as much difficulty as the old. He says that "animals enjoy the power of motion precisely in a degree corresponding to the quantity of respiration." The converse of this proposition is not easily proved; but we take different ground from Dr. Cartwright. So far from respiration being a cause of motion, motion is a cause of respiration. The Author of animal creation made abundant and varied provision for motion and respiration. We hold that in animals in all other respects formed for a high degree of motion, and to whom such motion is essential to existence, the blood passes through the right side of the heart to the lungs to receive that degree of calorification requisite to such state of existence. In others less highly endowed with capacities for motion, and to whom such motion is not essential to existence, the blood may, or may not, pass entirely through the lungs. The latter is the case with amphibia. The foramen ovale exists in these animals. The blood, instead of circulating through the lungs, may in part pass into the left side of the heart, and thus into the general circulation. An indeterminate quantity circulates in the lungs. But does calorification of a part produce motion of the whole? The heart in such animals continues its contractions, whether respiration is continued or not. If the blood is obstructed in the pulmonary tissue, it passes through the foramen ovale, and thus avoids the difficulty—proving that the heart sustains circulation, independent of all aid from the lungs.

How will Mrs. Willard's theory account for dilatation of the right ventricle? If the heart is passive in the circulation, the right ventricle certainly cannot be dilated by a regurgitating column of blood, and some other cause must be found.

Why, in the economy of nature, is the heart placed immediately before the lungs, in the order of the circulation, if the lungs are the chief motive power? If an auxiliary organ is needed, why is not the heart placed towards the other extremity of the circuit, that the momentum may be more in equilibrium? Instead of such an arrangement, we find the heart in the place, relatively, which should be occupied by the centre of the circulation—by its motive power, if any such motive power exist. Mrs. Willard does not, that I am aware, explain the utility of pulsation in the blood; but attempts to show how a pulsation somewhat similar may be made with an India-rubber tube filled with water. Waiving the question of pulsation in general, what is the economy of pulsation in the right side of the heart, which is so soon

to be quieted in the pulmonary circulation? If nature often worked at disadvantage, such an arrangement might be expected, under Mrs. W.'s theory. But the blood might flow in an uninterrupted stream from the venæ cavæ to the lungs, and not be subjected to pulsation in passing through the heart—as probably would be the case if the new theory were true.

The foetal circulation presents some difficulties to the new theory. This subject has already been alluded to by one of your correspondents. We are assured by anatomists that there are evident traces of a circulation, before any other function of the animal economy is established—even from the first days of embryo existence. At the end of the first month, the heart has taken shape, and is performing its functions as a heart. At the end of the second month, the rudimentary lungs are found. Does Mrs. W. claim that the circulation is maintained through the maternal vessels? Such communication is not satisfactorily proved to the profession. The new theory is obliged to take one or the other horn of the dilemma. If it is contended that this connection exists, where is the proof? If denied, we ask, what is the motive power in the circulation of the foetus?

In the foetus, as before remarked, the foramen ovale permits a part of the blood to pass from the right to the left auricle; the ductus arteriosus permits an additional quantity to pass into the aorta from the right ventricle, instead of going to the lungs; so that the lungs do not circulate more than one fourth of the blood before, that they do after birth.

The discussion of this theory—be it true or false—will have a beneficial influence in establishing the present course of practice in suspended animation, and very probably in improving it; and though *perhaps* disappointed of the expected light on this branch of physiology, much good may result to the profession in the discovery of additional therapeutic means for the cure of disease.

W. W. GOFF.

York, Mich., March 15th, 1852.

SPIRITUAL COMMUNICATIONS.

[Communicated for the Boston Medical and Surgical Journal.]

“EVERY dog has his day,” saith the adage, and the wisdom of the fathers is in it. Of late, “spirits” are the “dog,” and we may well consider them as having their day; and if we mistake not, their day will soon be over. The “spirits” have “rapped and tapped,” “tipped tables and pulled hair,” predicted events which never took place, told “*whoppers*” and been exposed, and on the whole shown themselves very ignoble spirits at best. They have vied with each other in impiety; and although their tricks have been fully exposed, still they carry on their operations.

But leaving the impiety and rascality of their proceedings out of account, the *puerility* of their performances is enough to stamp *humbug* on all their manipulations. He must have, truly, a high estimate of the dignity of his own “spirit,” who could suppose it capable, in a disem-

bodied state, of engaging in such *utterly* childish manifestations of itself, even were it possible! But a certain class of minds must be deluded by mystery. If the mist and darkness be removed, and the monster they had wondered at, and feared, is shown in the sun light as a *stump*, they will forthwith rush into some dark corner and see another.

Nor are men of profound learning, and piety even, always free from self-deception. The learned and pious Pres. Dwight, with hundreds of other not less respectable men, certified most confidently to the wonderful virtues of Perkins's metallic tractors. But Perkins's tractors live only in the records of imposture—a monument of the facility with which men impose on themselves and others. Nor will it be long before many "triumphant" *arts and sciences* will be laid in the same oblivion with them. Others will take their places, for men love to be deceived.

Spiritual rappings are now at a discount, at least among the better portion of the community. They challenged the investigation of scientific men, and it was given. But any *juggler* can perform feats that Prof. X. cannot explain, and yet they shall be *mere tricks*. But if the learned professor give his attention to them, and profess himself in doubt as to their nature, it is all one with the mass as if he declared them supernatural, and they will be deluded on the strength of his doubt. The fact that Prof. A., and Rev. Dr. B., and Dr. C., attended the "spiritual performances" and could not at once *see through them*, was the cause of many being deluded. Had they waited a little they would have seen it to be a trick, as it has developed itself to be, nor would the multitude have been deluded by their means. Certain forms of imposture clamor loudly for scientific investigation. It serves to draw attention, and render it famous, and though it may be shown an imposture, it will have gained its object. Scientific investigation has *advertised* it, and the multitude have been imposed upon. It is not the duty of scientific men to investigate every new wonder, as soon as it is born. It is their duty to wait till time has fairly shown it to be a *well-begotten* wonder. "Spiritual rappings" are now well understood. No spirit need be concerned in them, but that of the operator and a few associates in the flesh. But the "spirits" cannot yet be dismissed. Now they "drive the grey goose quill," and instead of giving oracular responses from the dead, who yet dwell in flesh, execute autographs and give responses in accordance with the *wish* of the operator.

We have now "spiritual communications" without any aid of spirits. But this theory is hardly worth a long article, were it not for its embodying certain principles which we think questionable, and for its influence on a certain class of men.

We agree with Dr. Taylor in his estimate of mesmerism, biology, psychology, &c., and would place "spiritual performances" in the same category. Spiritual writing is evidently an off-shoot of "spiritual rappings." But this root has been already dug out of the ground, and though like the up-rooted elm in early spring, it may put forth buds, and even develope leaves, the summer will cause them to wither and die.

It is no uncommon thing for men to be deceived by their senses.

Men of intelligence may be thus deceived, and instead of adding importance to the subject on which they err, only show the weakness of human nature. Still less uncommon is it for men of moderate mind to become insane on some predominant hobby. Witness the delusion of Millerism. Its votaries believed they felt and saw the physical signs of the earth's dissolution. They had the evidence of sense to themselves, but this imposed no obligation on men to investigate their vagaries.

Dr. Taylor takes the pen in hand, and it begins to write. He invokes the spirit of his nephew, and the pen writes his name. Then he thinks of the initials of his name, and the pen writes these. All this, says Dr. Taylor, was involuntary. Here we should demur. Many a man has deceived himself respecting his volitions. These were written, he says, in a hand which he never should have used, and which he *thinks* was the hand of his nephew. He omitted an important step in his experiment, viz., the proof by comparison that it was so.

"What is peculiarly worthy of remark," says Dr. T., "is that the moving power in making an O throws round convulsively oftentimes twice, *always* twice if you wish it." But the movement of the hand *involuntarily*, yet *always* in accordance with a *wish*, is remarkable. This is much like spiritual communications without a spirit. Thus we have a *voluntary* act *involuntarily* performed! So, too, he "could not *make*" his hand write "Mormon." *Make* his hand perform an involuntary act! He "could *make* it write anything he *pleased*!" He invoked the spirit of his father-in-law, and he, i. e., the spirit, which by the way is no spirit at all, only detached "vitalized electricity," informs him that the Roman Catholic religion is the best. But he says the hand writes what is in the mind of the operator. Dr. T. is, if we mistake not, a member of the protestant church. Either, then, the hand fails to tell what is in his mind, or he is recreant to his faith. Mr. Lincoln's spirit could of course have nothing to do with it. So, too, he *lets* his pen fall back on the t's if this is to be relied on. But he *lets* the pen make so many *involuntary* movements, that we suspect it moved in this case in accordance with the wish evidently in his mind.

So much for his facts. Now for his "theory." This is truly given in the *rough*, and we think the author may well invoke some scientific man to smooth it. Electricity, from its intangible nature, has always been a source of deception. Perhaps it is so yet. Dr. T. thinks it "detached vitalized electricity" which performs these wonders. His reasons are—1st, that the pen, when held loosely in his hand, began to dip and twirl like a horse-shoe magnet; and 2d, that the pen said "yes" when he asked if it was that. When holding the pen loosely in the hand, it might well make certain motions which he could imagine resembled the movement of the magnet. In the next place, the pen writes what is in his mind. He says it is "detached vitalized electricity," and the pen writes it, and *so it is*.

Dr. T. evidently assumes the identity of the nervous influence and electricity, to which no physiologist would assent. This same transmitted influence he says is the mind. "But the term 'mind' is only a name for that certain something which passes, in a continuous current,

from the brain to the hand and makes it write." We had supposed the mind was an entity, a being; but Dr. Taylor makes it electricity, a dependent on matter, if not matter itself. This has been the dogma of certain disbelievers in man's moral nature and future existence, but should not be of those who believe in them.

But there is another consequence of Dr. T.'s theory, which may be of some advantage to our legal friends, and *some* of their clients. If the "vitalized electricity" of another person may become detached and settle on my hand, and make me write, then it may also make me do anything else. Thus my hand may, under the influence of another's "electricity," commit murder, and I be hung for another's crime. As the plea of insanity is getting rather stale, we would commend this to the notice of our legal friends.

Again, the respectable men to whom Dr. T. refers, consider this the work of spirits. He pronounces this delusion, but still claims an investigation on their account. He acknowledges that a belief in its being the work of spirits contributes greatly to the success of the experiment. It does so by fixing the mind on the *writing* more strongly. But the mind fixed strongly on one thing is but poorly fitted to observe its own operations. Dr. Taylor, intent on the writing, forgets that he *willed* the hand to write. The pen, he says, moved in accordance with his wish, which is certainly an anomaly in involuntary action.

Dr. T. and his friends are not the first who have deceived themselves in this way, we suspect. The famous feat of his Satanic majesty, in the time of our fathers, with the bible and key, was of the same nature. So, too, the "divining rod," by which many a good man pointed out his beds of ore and hidden springs, operated on the same plan. Intent on the movement, they did not perceive the volition in consequence of which it moved. This power is nothing new. Dr. Taylor and his friends can deceive themselves just as well as our fathers could.

Finally, we say with him, "If it rains, we will let it rain"; but we wish to know whether it is rain, or only water thrown from a *pint cup*!

Stafford Spa, Ct., March, 1852.

S. S.

PHOSPHATE OF LIME IN PHTHISIS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I was surprised that one of your correspondents, recently, in giving the cold shoulder to the phosphate of lime, should have announced the discovery of its use in these words: "Somebody out West discovered this remedy, and stated it to the profession through a medical journal. Immediately half the physicians in the land are found prescribing it for phthisis."

This remedy appears to have been first used, and scientifically tested in reference to its power of producing cells, by Dr. William Beneke, resident physician at the German Hospital, Dalston, and was brought to the notice of the English public by able articles in the London Lancet of April and June, 1851. From reading these articles, Dr. Stone,

a learned medical professor in New Orleans, was induced to try its virtues, and subsequently commended it to American practitioners.

It is well known that the salts of phosphoric acid are essential for the formation of azotic compounds—compounds which are necessary to sustain animal life. In regard to the phosphate of lime in particular, it was pretty satisfactorily proved in the above-named articles in the *Lancet*, that it influences and increases the production of cells, and of course must be an important element in the treatment of those diseases—consumption included—characterized by emaciation, or lack of cell-growth. It should be remembered, too, as collaterally illustrating this fact, that the tribasic phosphates of potash, soda, lime and magnesia, play an important part in the growth and perfection of plants. They are always found in the seeds of the cerealia, and no mature grains are produced where phosphates are absent from the soil. For the production of abundant grain crops, it is necessary that these salts should exist in the soil, or be applied to it in manures.

It is known, moreover, that in all chronic diseases, distinguished by wasting of the tissues, a much larger quantity of phosphates is excreted by the kidneys, than in the normal state. Hence there is no healthful growth; and the human organism, like the soil exhausted of its phosphates by successive croppings, brings nothing to perfection, and needs to have its drained salts re-supplied.

It would seem from these considerations, that not the phosphate of lime alone—though that may be the most important—but the phosphates of potash, magnesia and soda, are needful for the best production of those proteinous compounds on which nutrition depends. I am persuaded that the phosphate of potash particularly should be added, by some manufacturer, to the list of chemicals.

I cannot but draw attention here to the inorganic substances found in healthy human blood. According to careful analysis by Schmidt,

1000 parts of blood corpuscles contain		1000 parts of liquor sanguinis (serum and fibrin) contain	
Chlorine	1.686	Chlorine	3.644
Sulphuric acid	0.066	Sulphuric acid	0.115
Phosphoric acid	1.134	Phosphoric acid	0.191
Potassium	3.323	Potassium	0.323
Sodium	1.052	Sodium	3.341
Oxygen	0.667	Oxygen	0.403
Phosphate of lime	0.114	Phosphate of lime	0.311
Phosphate of magnesia	0.073	Phosphate of magnesia	0.222

Iron is omitted. Now I venture the prediction, that out of these figures, mainly, with those which represent the constituents of the saliva, the bile, the gastric juice, and the organic compounds of the blood and tissues, are to be evolved, within twenty years, a correct and partially demonstrative system of therapeutics.

In consumption, all the inorganic bodies represented by the above figures are deficient in quantity. By reflecting upon the proportions of these several bodies—particularly upon the large amount of chlorine and soda in the plasma, and of potassium in the corpuscles—the mind can hardly fail to obtain useful hints. I have not hesitated to make this suggestion the ground of a free use of alkalies in phthisis, particularly

by the endermic method, and have been well rewarded by their application. There has plainly got to be a freer use of potash in its various forms. With chlorine and sodium we are tolerably well supplied in the common salt taken in our food.

Consumptives who expect to sit down and swallow cod-liver oil, or even oil and phosphate of lime, or any other one or two remedies, having no competent medical advice, and doing nothing else, and in this way get well, will, in nine cases out of ten, experience a fatal disappointment. The disease is not to be conquered in so easy a manner. He who would in any case compel its surrender, must attack it on all sides, as the invincible Scott did the City of Mexico, and with a resolution as firm, if not with a marshalling of forces as skilful. The first thing to be done is to learn the strength of the enemy's position; or, dropping the figure, to examine the chest with the view of learning the nature and extent of the disease. To do this properly is a science in itself, and one not carelessly to be acquired. This done, the disease, if found, must be watched at every step, and each new development promptly met by a remedy chosen, not at random, but scientifically and for a reason. It is only when the disease is thus treated—not by any one remedy merely, but by constitutional, topical, hygienic, each and all—and by men of competent ability, who *aim* at nothing short of its final mastery, that we can look for more than occasional recoveries. Nor can I think any one fitted to deal with this most fatal disease of our climate in the best manner, who is not acquainted with the microscope, and with the present state of animal chemistry.

IRA WARREN.

Winter Place, Boston, March 25, 1852.

THE SUFFOLK DISTRICT MEDICAL SOCIETY.

Meeting for Medical Improvement, March 27, 1852.

REPORTED FOR THE JOURNAL BY GEO. STEVENS JONES, M.D.

It was expected that Dr. H. I. Bowditch would read, at this meeting, the report of the Committee on intermittent fever, as mentioned in the last report of the proceedings of the Society; but in consequence of his indisposition, the reading was deferred until the next monthly meeting.

Dr. E. B. Moore spoke of the frequency of cases of empyema that had recently come under his observation. He had seen three patients within the last three weeks, upon whom paracentesis was performed with the happiest results. In one of the cases, a tumor presented itself at one side and lower part of the sternum; and, on opening it, half a pint of pus was discharged. This patient had also thrown off pus in considerable quantities from the lungs. Nevertheless, after the operation, the air gradually permeated the compressed lung, and the patient was restored to health. In another case, in which Dr. Bowditch assisted him, the patient, a lady 34 years of age, had had a pneumonia, but recovering from it took a severe cold, and was attacked with pleurisy, which was followed by effusion in the pleural cavity. Forty-one ounces of pus were drawn off by means of the syringe attached to the trocar. The urgent symptoms were immediately relieved, the lung soon restored to its healthy function, and the patient regained her health. The other case which he mentioned, was a patient of Dr. Bowditch's; there was much effusion in the chest, the pus was withdrawn, and the same happy results followed as in his patients after the operation. Dr. Moore thought it better to operate early, in such cases, when it was apparent that there was effusion in the pleural cavity, even should the matter not point externally. He had a decided

preference for the syringe in drawing off the matter; it was a safer and more thorough method than the one formerly practised.

Dr. H. J. BIGELOW wished to make some additions to a statement made by him, at a previous meeting, relative to the operation of tracheotomy for croup. When in Paris, last summer, M. Trousseau informed him that, in his operations of the last two years, out of twelve, five were successful; out of sixteen, seven were successful; and out of nineteen, six were successful. Trousseau's theory was plausible enough; that, whether the disease were chiefly at the larynx, or in the smaller bronchi, which it often affects, yet the constriction at the vocal cords, in limiting the supply of fresh air, must have a serious and depressing effect upon the system. It was in fact, as far as it went, a mechanical obstruction in the windpipe, which the operation relieved for the time. Dr. B. remarked, that the cases to which tracheotomy was best adapted were of course those in which the disease was local in the larynx and had not extended to the small bronchi; and that, if we could always distinguish these cases, the operation could be sometimes strongly recommended. But the laryngeal disease cannot be always distinguished from that which is complicated with the pulmonary affection. Dr. B. had recently seen, in consultation, two cases of rapid croup, in the hands of very eminent practitioners, where he had fully agreed that the evidence was, on the whole, that the smaller bronchi were seriously involved; yet the autopsies revealed nothing but lymph localized in the larynx, the lungs being healthy. He now regretted that the operation had not been done in those cases. M. Trousseau stated to him that he now did the operation, as a last resort, in desperate cases, after other means had failed. In this point of view, it seems unobjectionable in certain cases, where there is not positive evidence of lymph in the small tubes, and where the laryngeal croup is marked; and the statistics above given, even allowing for exaggeration, must have great weight. Dr. B. exhibited a case of the double canulas, which he had from Trousseau, and spoke at length of the advantages which they possessed over the single. One of the objections to canulas heretofore, has been their liability of becoming filled up with the secretions of the part in which they are placed, and the difficulty of keeping them cleansed; whereas, by this arrangement of M. Trousseau, these difficulties are overcome, as the inner tube can be withdrawn by the nurse, and cleaned as often as may be wished. In doing this operation, it must be borne in mind that it is *only in the median line* that the dissections should be made. The venous hemorrhage, notwithstanding, is often very great; yet M. Trousseau, under such circumstances, makes a plunge through the rings of the trachea, and at once inserts his canula, trusting to the constriction around the tube and adjacent parts to stop the bleeding, &c.

Dr. MOORE had seen a patient who had died from rupture of bloodvessels in the bowels, at the post-mortem of which the liver throughout was found to be of the color of *gamboge* or *tumeric*, and inquired if any of the gentlemen had met with such cases, and how often. Dr. G. C. SHATTUCK, Jr., had lately seen a man who had been living in Jamaica, who had a chronic diarrhœa for some time, pain in micturating, &c. He refused to take medicine, became very much anemiated, and died. At the examination, the liver and spleen were found to be remarkably *black*.

Dr. JOHN WARE had seen a patient (a farmer, from the country) within a few days, who had been annoyed with a pain in the abdomen near the umbilicus, since last autumn, which at times varied like that caused by wind. It was more distinct than the pains in some forms of dyspepsia. There was no tenderness on making pressure, neither could there be detected any tumor. On examining with the stethoscope, from the chest downward, could distinctly hear a *bellows sound* over the spot said to be the seat of the pain. He had seen the man but once, and from that examination inferred that his difficulty consisted of an aneurism of the abdominal aorta. He had never before seen any thing exactly like it, and would inquire if any of the gentlemen had seen a case of incipient aneurism of the abdominal aorta. He thought cases presenting anomalous symptoms possessed an interest, and at these meetings might be discussed profitably to the members. Dr. H. J. BIGELOW had seen an aneurism in the lower part of the thoracic

aorta, in which case pain was the most prominent symptom. The diagnosis was imperfect during life; the autopsy revealed, however, an aneurism as before stated, which, having become ruptured, produced the death of the patient. Dr. CHARLES WARE recollected a case he had seen, where pain was also the most prominent symptom. The aneurism was in the thoracic aorta, and the tumor presented at the back of the chest of the patient, looking like an ordinary abscess; indeed, so much so, that it was proposed to open it, but nature getting the start, opened it herself. The patient died, and the autopsy revealed, as above stated, an aneurism of the aorta, which had ruptured.

Dr. Z. B. ADAMS mentioned the case of a gentleman to whom he was called, which being rather unique, he thought the particulars might be somewhat interesting to the members. The patient was 56 years of age, and had been a very active business man. He gave up his business and indulged freely in ardent spirits, after which he became *heavy, drowsy*, had almost a constant nausea, and at times severe fits of vomiting. He lost his appetite. It was at this stage of proceedings that Dr. A. was called to see him. Emetics and cathartics were given, which seemed for a few days to be of service; then he relapsed into his former state of drowsiness, appeared imbecile and even idiotic. One day, when the doctor visited him, he requested the attendants to retire, as he wished to see the doctor alone. When thus left alone, he tried to tell him something about a venereal propensity which he had had for some time, but was so unintelligible that he could make nothing out of it. The doctor noticed that the patient was constantly putting his hand to the back part of the head, and asked him if he had any pain there; he replied that he had. A blister was ordered to his occiput, extending to the ears. The next day found him some better; allowed the blister to heal, after which had another applied, and for a fortnight he was most entirely free from his venereal propensity, though his mind had not been fully restored to its normal condition. Another blister was applied, which entirely relieved him of all his difficulty. Dr. WARE wished to know what other treatment was pursued in the case. Dr. Adams said none other than had been mentioned, save a very nourishing and hearty diet. This case of Dr. Adams's is a singular one, and it is presumed the facts connected with it will have a tendency to increase the phrenological enthusiasm in our community.

Dr. GEO. HEATON reported the case of a lady, 35 years of age, who had a severe pain in the right iliac region, which continuing to increase, a physician was sent for—who, upon examining her, discovered a tumor in the region of the pain, and declared it to be a hernia, and strangulated. A counsel was called, who confirmed this diagnosis, and recommended an immediate operation, to which the friends of the patient objected. She was brought to the city, to his house. He examined her carefully, but did not consider the case one of hernia. A large hard tumor, filling the right inguinal region, extending as high up as the umbilicus, was apparent. Upon examining per vaginam, he became satisfied that it was a diseased ovary and womb. Stimulating embrocations and blisters, externally, together with the internal exhibitions of the hydriodot. potassa, constituted the only treatment. At the end of four weeks the tumor and tenderness had nearly disappeared. Dr. WARE said that this case reminded him of two cases occurring in young women, which he thought at first were peritoneal inflammation—which proved, however, to be an inflammation of the cellular tissue. The whole "basin" of the pelvis was apparently filled up with a hard mass of matter, its boundary being well defined, as though a line had been drawn across from one spine of the ilium to that of the other. The patients gradually got well. Dr. BRIGLOW had seen, in the hospitals of Paris, cases of inflammation of the broad ligaments of the uterus, in which pus was discharged from the rectum. Dr. WARE had seen several such cases. Dr. ADAMS thought it very singular that the physicians, in Dr. Heaton's case, should make such an egregious mistake in their diagnosis of hernia, and he could not believe them to be so deficient of the proper knowledge in such cases.

The President gave notice that the annual meeting of the Society, for the choice of officers, counsellors to the parent Society—as also delegates to the next Medical Association—would take place on Wednesday, 7th of April, at 4, P. M. Dr. H. G. Clark will deliver the annual address, Saturday evening, 24th inst.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, APRIL 7, 1852.

Progress of Dentistry.—Much has been said, of late, respecting a new method of constructing whole sets of artificial teeth—the invention of Dr. Allen, of Cincinnati. While some have condemned it as an old and abandoned affair, others, with equal spirit, have presented objections, on account of the danger of too many improvements. Dr. Guild, of Portland street, Boston, has shown us a set manufactured by himself, on the new principle, that were extraordinary for their close imitation of nature, and their beauty and nicety of finish. The perfect cementation of the enamel to the plate effectually excludes the fluids of the mouth, which are one of the main sources of an offensive breath in those who wear the ordinary kind of artificial teeth. If all the work on this new system is equal to Dr. Guild's specimen, the public will certainly appreciate the advantages it possesses over the common sort.

Gun-shot Wounds.—Dr. M'Sherry's lecture before the pupils of Dr. Dunbar, in Baltimore, will be regarded with peculiar favor by army and navy surgeons. Dr. M'S. confines himself strictly to his subject, which new lecturers sometimes fail to do. A re-perusal of the case of Gage, who had a tamping iron, weighing thirteen pounds, and measuring three feet and a half, shot through his head; and that of Alexis St. Martin, the fundus of whose stomach was shot away—without producing death in either case—brings to recollection some of the remarkable cases which have been recorded in our pages. One of the excellencies of this lecture consists in the encouragement it gives to the surgeon to persevere, for the resources of the art can sometimes do wonders when life is not extinguished on the entrance of the ball. The author's observations on the 20th page, touching wounds of the abdomen, should be remembered by the young operator, as, with all the skill of the age, death will sometimes ensue from the effects of wounds that are apparently trivial in their character. External injuries are easily commanded, but wounds in any of the cavities perplex and often defy the most ingenious and experienced masters. Dr. Dunbar's school must be among the best, if not the very best in Maryland. Some years ago, we inspected his apartments, his multiplicity of specimens of morbid anatomy, his books, instruments, and accompaniments, all of which were highly creditable to the taste and ambition of the proprietor. Dr. D. used to write excellent articles, and we should be glad to see something more from his pen.

Exsection of the Lower Jaw.—An article from the New York Medical Journal, on "The claims of priority in the exsection and disarticulation of the lower jaw," is now circulated in a pamphlet, with an appendix, containing the report of several operations performed by George C. Blackman, M.D., &c. A principal object in this paper is to show that Dr. Carnochan, of New York, has not accomplished as much in the performance of this exsection as some people have imagined, but that the glory belongs to Dr. Deadrick, of Tennessee, of having taken the lead in this great ope-

ration. Since that occurrence, now nearly half a century ago, cases have been multiplied. It is an age in which no one is allowed to appropriate to himself the honors of another, without exciting commotion, and hence the bare intimation that a false claim for priority is set up, is enough to rouse the sleeping lions. All the cases introduced by Dr. Blackman, from his own practice, are important and interesting ones.

Graduates at the Boston Medical School.—It will be seen, by reference to the last page in to-day's Journal, that a goodly number of graduates have gone out from our medical school the past year. This betokens a flourishing state, and we have no doubt the young men will compare favorably, in point of qualifications, with the graduates of any other school.

Discovery of the Male Acarus Scabiei.—It is stated in the *Union Medicale* that one of M. Cazenave's pupils, M. Languetin, has just found the male acarus scabiei upon the hand of a patient affected with the itch. It seems that this acarus had long been sought for in vain, and some works on skin diseases do not even mention its existence. As this parasite is very small, being less than half the size of the female, it had hitherto escaped detection.

Medical Miscellany.—At the Kentucky School of Medicine, Lexington, the late lecture term, there were 112 students, of whom 27 were graduated with the degree of M.D. The Spring term commenced in the same institution, March 15th, and will continue four months.—Susanna Huzzy, a colored woman, residing in Vermont, is a pensioner of the Government, being 103 years of age.—Dr. C. L. Hunter, of Lincoln county, N. C., found, a short time since, a diamond near his residence, in a stream, weighing half a carat.—Cholera was extending through the interior of Persia, by the last advices.—One Dr. W. Baldwin is the man accused of purloining, from the State department, papers relative to Mexican claims, at Washington.—Mrs. Eliza M. Willis, M.D., delivered a valedictory address at the Syracuse (so-called) Medical College.—A reprint of the memorial to the Legislature of Louisiana, for the registration of births, marriages and deaths, by the Medical Society of New Orleans, reads well.—Dr. Hunt, who was arrested at New Orleans, for killing a man in a duel, has been discharged.

TO CORRESPONDENTS.—A translation of Dr. Weber's treatment of Orchitis, and a paper on "Spiritual Knockings," have been received.

ERRATUM.—In last week's Journal, p. 175, the verdict of the Jury, in the first trial of Dr. Manning, should have been printed \$362,50 instead of 562,50.

DIED.—In Connecticut, Dr. Henry Durfee.—In Philadelphia, Dr. William R. Grant, Professor of Anatomy in the Pennsylvania Medical College.

Deaths in Boston—for the week ending Saturday noon, April 3, 65.—Males, 38—females, 27. Accidental, 1—disease of bowels, 1—disease of brain, 2—bronchitis, 1—consumption, 16—convulsions, 3—debility, 1—dysentery, 1—dropsy of brain, 9—fever, 1—typhus fever, 3—typhoid fever, 1—scarlet fever, 1—hooping cough, 1—disease of heart, 4—infantile, 1—inflammation of lungs, 7—marasmus, 1—measles, 1—old age, 4—rheumatism, 1—teething, 2—thrush, 2.

Under 5 years, 27—between 5 and 20 years, 4—between 20 and 40 years, 17—between 40 and 60 years, 7—over 60 years, 10. Americans, 32; foreigners and children of foreigners, 33. The above includes 7 deaths at the City institutions.

Medical School of Harvard University.—The following gentlemen have received the degree of Doctor of Medicine at this institution, during the year ending March 3, 1852:

- Edward Watson Anderson, Portland, Me., thesis on *Hydrophobia*.
 William Abraham Newcomb Archibald, Providence, R. I., *Leucorrhœa*.
 Cyrus Killam Bartlett, Boxford, *Phlegmasia Dolens*.
 Albert Henry Blanchard, Boston, *Paralysis*.
 John Nelson Borland, A.B. (Yale), Boston, *Gangrene of Lungs*.
 John Mills Browne, Boston, *Cancer*.
 Freeman Josiah Bumstead, A. B. (Williams), Boston, *Caries of Vertebrae*.
 Thomas R. Budlong, A.M. (Brown), Providence, R. I., *Remittent Fever*.
 William Gibson Clarke, Halifax, N. S., *Peritonitis*.
 Henry Milton Cobb, Woonsocket, R. I., *Phthisis*.
 William Dickinson, A. M. (Dartmouth), Jackson, Miss., *Albuminuria*.
 Henry Bowen Clarke Greene, Boston, *Fracture*.
 John Cambridge Hall, Bridgeton, Me., *Affection of the Kidneys in Scarlatina*.
 James Wardle Hartley, Fall River, *Dropsy*.
 Charles Hosea Hildreth, Boston, *Morbus Coxarius*.
 Eugene Francis Holland, Westfield, *Functions of Intestines*.
 Frederick Augustus Jewett, Pepperell, *Diagnosis*.
 Charles Kidder, Boston, *Neuralgia*.
 Henry Martin Lincoln, Ashby, *Hemorrhoids*.
 John Randolph Lincoln, Boston, *Croup*.
 Joshua Rich Lothrop, A.B. (Dartmouth), Boston, *Imperfect Expansion of the Lungs*.
 James Porter Lynde, Gardner, *Pathology of Inflammation*.
 Alexander Donald William Martin, Boston, *Vesical Calculus*.
 Benjamin McLuer, Moscow, N. Y., *Phthisis*.
 Samuel Morrill, Concord, N. H., *Pneumonia*.
 John Smith Nichols, A.B., Cambridge, *Rheumatism*.
 Thomas Fletcher Oakes, Boston, *Life and Mind*.
 Varillas Linus Owen, Chicopee, *Intermittent Fever*.
 Andrew Jackson Park, Norwich, Canada, *Suppurative Inflammation of the Liver*.
 George Renton, Boston, *Croup*.
 Nathaniel Stillman Robinson, Chelsea, *Diaphragmatic Hernia*.
 John Manchester Smith, Tisbury, *Typhoid Fever*.
 James Stewart, Ashby, *Puerperal Peritonitis*.
 Dexter Mills Tucker, Boston, *Dysmenorrhœa*.
 John Whipple, A.B. (Brown), Malden, *Inflammation*.
 Lorenzo Locke Whitmore, Ashburnham, *Hepatitis*.
 Allston Waldo Whitney, Framingham, *Physical Exploration*.
 Adams Wiley, A.M., Roxbury, *Phlebitis*.

OLIVER W. HOLMES, *Dean*.

Massachusetts Medical Society, Middlesex North Medical District.—At a meeting of this Society, held March 24, the following persons were elected delegates to the American Medical Association, for the year 1852. Drs. P. P. Campbell, of Lowell; Chas. A. Davis, of Lowell; B. Osgood, of Westford; Chas. E. Parker, of Pepperell; E. K. Sanborn, of Lowell; Daniel Holt, of Lowell.

CHARLES A. DAVIS, *Secretary*.

THE

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No. 11.

PROF. CHRISTISON'S LECTURE ON THE PRESENT STATE OF MEDICAL EVIDENCE.

[Continued from page 181.]

THE first objection to be stated against it [the practice of not allowing medical witnesses to be present in court to hear the evidence of the general witnesses] is, that it tends to suppress and conceal medical facts. It is impossible for judge or counsel to know always what facts in the general evidence are medical, and what not. No one will doubt the aptitude with which the lawyer acquires for the occasion a knowledge of the particular art or science concerned in a law case. But it is not to be supposed that any aptitude or any practice of the kind will enable him to single out from the testimony of the general witnesses the whole facts which bear upon medical opinion. It has been already mentioned, that one of the shrewdest lawyers who ever occupied the Scottish bench once made this admission in court. I may now mention a remarkable illustration of its justice. In 1831, on the trial relative to the disputed insurances on the life of the late Earl of Mar, which it was maintained had been vitiated by concealment of the vice of opium-eating, the presiding judge, the late Lord Chief Commissioner Adam, told the jury in his charge, as a fact in the case, that although there was evidence of the Earl having purchased laudanum at the rate of nearly three ounces a-day for some years, there was no evidence of his having actually taken it to that excess. There was indeed no direct evidence of his having done so. But the judge, not being a medical man, had not perceived the medical bearing of a most pregnant little fact which was sworn to by the Earl's housekeeper; who said she gave him every morning before he got up so large a dose as a tablespoonful of laudanum at once. As he was also proved to have taken habitually several other doses during the day, the whole quantity was approximately accounted for. But—which is still more pointed—the enormous dose, and the time of day when he took it, were to every medical man irrefragable proof that Lord Mar must have long been a practised and slavish opium-eater.—[Med. and Surg. Journal, xxxvii., 130.]

Another objection is, that facts are liable to be misstated and misrepresented, owing to errors of language. One of the chief reasons for the preference we give to the direct testimony of our own senses over the testimony of others, is the risk of error from the necessity of the

intervening use of language. The medical witness is subjected by the present rule of Scotch courts to a two-fold risk of this kind, inasmuch as he receives the facts, not directly from him who witnessed and describes them, but through the intervention of a third party. And the risk of error is all the greater, that many words have a double meaning, one general, and the other scientific or professional. Some years ago, on an important trial in the High Court of Justiciary for assault, the public prosecutor attempted to prove, that the person assailed had been wounded to the effusion of his blood; which is held in law to be an aggravation of guilt in such cases. When the principal medical witness was examined as to the injuries inflicted, he was asked whether any blood had been effused; and he replied that a good deal must have been effused. But he meant that there was effusion of blood under the skin, constituting the contusion he had described; while the counsel and court at first received his answer as implying that there had been considerable loss of blood from a wound. The latter view was on the point of passing to the jury as a fact, when one of the judges detected the equivocal, and set the matter to rights. But the incident is not the less illustrative of the risk of serious error, in circumstances in which scarcely any medical man could have gone wrong, had he been duly pre-informed as to the bearings of his evidence.

A third objection is, that the medical witness has no opportunity of judging of the truth of the facts, on which he is asked to found his opinion. The same professional skill, which enables him to collect the facts better than another, makes him also a better judge of their authenticity. I am aware of the theory in law, which holds that the jury alone are to judge of the truth of the facts. I apprehend, however, this doctrine may be meant to apply only to those facts whose truth depends on the veracity of the witness. But at any rate, both in regard to such facts, and all others indiscriminately, the rule is violated by the present practice of Scotch courts in examining medical witnesses. The facts do not pass to them with the stamp of authentication from the jury. For the questions put to the witnesses are framed from the facts, and put generally by the counsel, and occasionally by the judge, but very seldom by the jury. In truth, the rule must be inevitably violated, whenever evidence consists of opinion from facts deposed to by others; because no man in such circumstances can either form an opinion as a witness, or shape questions to elicit an opinion from a witness, without exercising his judgment as to the authenticity of the facts. I do not here refer so much to facts whose authenticity depends on the veracity of the witness who deposes to them. His evidence as to facts, whence medical opinions are to be deduced, may be morally true, and nevertheless scientifically false. And it is mainly their authenticity in the latter respect, which is referred to at present, as a matter which must be determined before an opinion can be safely formed from them. According to the existing practice of Scotch courts, this is done by the counsel and the judge. Is it not more rational that it should be done by the witness himself, who alone is qualified by professional education to exercise such judgment?

No one can hesitate how to answer that question, who is acquainted with the nature of medical facts—the acuteness required for observing them—the experience for appreciating them—the judgment for distinguishing fact from opinion. I would beg in particular to remark, that few are aware, and no unprofessional person can be adequately so, of the great risk that opinion shall be mistaken for fact.

Facts being mostly cognizable by the external senses, they are received in evidence much more unreservedly than opinions; which, besides the exercise of observation, involve that of many other faculties of the mind, all much more liable to error. Hence opinions, if taken for facts, will be apt to be admitted as such with undue facility, because not duly tested by the judgment. Spurious facts of this sort abound in pure medicine. How much more then in medical jurisprudence, if supplied by unprofessional persons! Suppose that in a trial on account of a disputed assurance, an ordinary witness deposes that the party insured had at a certain date palsy in the limbs. To a non-medical eye nothing could be liker a simple fact. But it is no such thing. The affection may have been lameness, left by an old rheumatism. It may depend on stiffness of one or more joints from local disease or injuries; it may be part only of a general debility, affecting, as it often does, the limbs more than the rest of the body; it may be a mere awkwardness of gait. In calling the affection palsy, then, the witness does not state a fact, he forms a diagnosis, he delivers an opinion, and an opinion very likely to be wrong; for it is sometimes no easy matter, even for a medical man, to make up his mind as to the existence of paraplegia in its early stage. How often upon trials does it happen, that in describing the appearances in suspected poisoning, the witness says he saw inflammation of the stomach! and this is received as a statement of fact. But is it really such? Several characters are necessary to constitute inflammation: some of these may be imitated by the state of the stomach at certain stages of digestion; others by pseudo-morbid appearances arising spontaneously a short time before or after death; others by the action of extraneous agents subsequently. The witness, therefore, does not describe a simple fact: he forms a pathological opinion. And were any further proof necessary to establish this, I have but to remind you how often he is discovered to be wrong. Some years ago a man in London was tried for murdering his mistress, and throwing the body into the Thames. His defence was that they determined to drown themselves together; but that his resolution gave way in the water; and that, while he with difficulty saved himself, he failed in his efforts to save also his companion. But three surgeons, in this matter no wiser than three ordinary observers, swore at the coroner's inquest, that they found contusions on the head and face of the girl's dead body. This passed for a fact, and to most unprofessional persons would seem a very simple fact. The man was accordingly tried for his life. But on the trial a fourth surgeon swore, that he afterwards dissected the alleged bruises, found no traces of congested or extravasated blood, and that in his opinion the appearances were no more than the livid marks which are apt to arise in many bodies after death. A somewhat similar case occurred in this city some

years before, in which the prisoner justly escaped through the evidence of the late Mr. John Bell and Mr. Fyfe.

If I may trust my own experience of proceedings in criminal and civil trials, the confounding of medical opinion with medical fact is a matter of very frequent occurrence, and one serious cause of the imperfections of medical evidence. Nor is it rashness of criticism to express a fear, that errors originating in this cause must be very apt to happen under the present system, which requires medical witnesses to form their opinion on the facts, without a previous opportunity of sifting them.

A fourth objection is, that the medical witness can have no correct idea of the bearings of his evidence on the case. This is too evident to need illustration. The proposition indeed may with reason be stated more strongly. For he will be very apt to take up an incorrect idea of the bearing of his evidence; inasmuch as questions framed upon general propositions, or supposed conditions, cannot fail to give him some insight, and yet a very imperfect and probably incorrect one, into the ordinary facts and nature of the case.

It will probably be replied, however, that according to a principle in evidence, testimony is in general of most weight, when the witness does not know how it affects the cause. "It is not necessary," says Mr. Glassford, "that a witness should understand the purposes of his examination, or the inferences to be drawn from his answers; on the contrary, his want of opportunity, and even his incapacity, for so doing, may in some cases confirm the truth of his information" (P., 53). This may be all very sound doctrine in respect to evidence consisting of facts only. But in matters of opinion, any little strength thus given to testimony is far more than counterbalanced by the great risk of the court, in ignorance of medical science, or misled by the terms of the opinion, giving it a force neither designed by the witness, nor borne out by scientific principles. And this consideration is all the more cogent, that it is often the interest and the aim of counsel to bring about such a result. I do not know how medical witnesses now usually feel under the new practice of excluding them from the general evidence and medical facts deposed to in court. But I must confess for my own part, that having often, as a witness under the older and more open practice, seen the necessity of an explanation or condition, to prevent an erroneous conclusion or application, which would otherwise have been deduced from my answer, and which I was able to anticipate only because I knew the general facts and the bearing of my evidence on them—I should entertain now a reluctance to appear as a medical witness, and a fear of error in that capacity, to which I have hitherto been a stranger.

The fifth and last objection I have to notice is one which applies as much, if not more, to the practice of withholding the precognition from the medical witness, as to his exclusion from the evidence of the other witnesses at the trial. This is, that the range of medical evidence is thus circumscribed, to the serious obstruction of the ends of justice.

Not many medical men, perhaps, and certainly few lawyers, are aware how comprehensive would be the scope of medical evidence, under a

better judicial practice, and in the hands of able medical witnesses. To substantiate this statement here would require considerable details, otherwise it could be accomplished with no great difficulty. It may perhaps suffice, however, to mention that there are not two opinions on the subject among well-informed medical jurists. And their convictions on this head refer to all kinds of medico-legal inquiries, whether civil or criminal; but most of all to those connected with trials for homicide, assault, child-murder, and other heinous offences against the person. For it is not only the mere cause of death or injury, which may be cleared up by medical evidence. Equal light may be thrown by it upon the intent with which the injury was inflicted, the time of infliction, the means employed, the force exerted, the number of persons concerned, the profession of the assailant, his very person even, with sundry other minor points which it would be tedious to enumerate. Nor should the important consideration be overlooked, that medical evidence may supply a direct and impartial test of the veracity of the ordinary witnesses in circumstances when their truth might be justly doubted.

This last object is of such consequence, that I may be permitted to illustrate it by a single instance, among many which I could supply from my own experience. On the trial of *Mrs. Mackinnon*, a brothel-keeper, who was executed here in 1823 for murder, it was stated in evidence by the companions of the deceased, that on their going into the place on their way from an evening entertainment, a squabble arose between them and the inmates; which ended in the deceased receiving a fatal stab in the chest. At the examination of the body, at which I was present, though not officially, I remarked that the wound, which was situated over the cartilage of the second left rib, penetrated towards the left, backwards, and very much downwards, into the lungs. On then asking one of the deceased's companions, who happened to be present at the inspection, how the injury was inflicted, he said he saw the prisoner approach the deceased with a long table-knife held dagger-wise, and drawing a blow from her left ear, strike him downwards, forwards, and to her right side. But the prisoner alleged in her declaration, that she merely held the knife before her, sloping upwards, to deter the deceased from attacking her; and that he, being drunk, stumbled forward as he advanced, and fell upon the point of the knife; and this statement was in some measure confirmed by her lodgers. Here were two very contradictory accounts—and an impartial test of their respective truth was much to be desired; for the whole individuals in the scuffle were more or less intoxicated; one party was disreputable, and the other not absolutely the reverse; so that the evidence of neither was quite to be depended on. Such a test was supplied by the particular direction of the wound; which was wholly incompatible with the declaration of the prisoner, and perfectly conformable with the evidence of the companion of the deceased.

Now, what I have to urge is, that unless the medical experts and witnesses are made well acquainted with the precognition, and hear the testimony of the general witnesses at the trial, evidence of this kind must be very apt to be overlooked, and the range of medico-legal inquiry

consequently circumscribed, to the sacrifice of truth, and the obstruction of justice.

[To be continued.]

TREATMENT OF ORCHITIS BY A SUBCUTANEOUS DIVISION OF THE TUNICA ALBUGINEA.

BY J. EDWARD WEBER, M.D., OF NEW YORK CITY.

[From the "New Yorker Medicinische Monatschrift." Translated for the Boston Medical and Surgical Journal by G. H. K.]

THE experience of all surgeons shows that acute inflammation of the testes, notwithstanding the most skilful treatment, has in a large number of instances terminated in gangrene. This gangrene is caused by the sudden attack and rapid progress of inflammation of the parenchyma of the testis. The tunica albuginea being, as it is known, of a dense fibrous texture, is incapable of but slight distension, and through this incapacity of distension, when inflammation progresses rapidly, and exudation into the substance of the gland takes place rapidly and in a large quantity, we very soon have symptoms of incarceration, similar to those of strangulated hernia—and not only the symptoms, but the result, viz., gangrene of the organ.

To prevent this unfortunate result, an operation has been performed by several French surgeons, called "*debridement du testicule*," or division of the tunica albuginea testis, which treatment deserves much credit, as it perfectly fulfils the indications, i. e., relieves the very painful distension; and moreover, as inflammation of the parenchyma of the testis is rare (epididymitis being much more common), the operation is seldom performed, and therefore deserves the more creditable notice.

The following case, which I treated while attached to the Emigrant's Hospital, Ward's Island, in 1850, offers further evidence in favor of the operation.

A * * * L * * *, aged 24 years, of robust constitution, had had impure connection three weeks previous to admission, and had contracted gonorrhœa, which, however, was so slight that he used but the most common-place remedies. One evening, shortly previous to being received into the Hospital, he had been exposed to rainy inclement weather, when he contracted a severe cold, which was followed by violent pain during micturition, an increase of discharge from the urethra, and swelling of the left testicle. In consequence of this, he sought admission to the Hospital, and was received August 12th, 1850.

On examination, I found symptoms of a common gonorrhœa, and a not very large but painful swelling of the epididymis. I ordered him a warm bath, leeches to the perineum, to remain in a horizontal position in bed, and his scrotum to be well supported by a pad or pillow placed under it. Over the scrotum was applied a narcotic cataplasm, and I directed frictions to the inside of the left thigh with ungt. hyd. ciner. cum ext. hyoscyami. Internally tartar emetic in small doses was administered, with a rigid diet.

This treatment relieved the pain, but did not reduce the swelling in

the slightest. During the following two days there was an exacerbation of pain in the evening, which was slightly relieved by the application of leeches, but the patient remained restless. On the evening of the third day, when making my usual visit, I found the patient with an anxious countenance, pale, pulse small and irregular, and bathed in a cold perspiration. The inferior portion of the abdomen, particularly on the left side, was excessively tender, so much so that the slightest touch compelled him to cry out. The excessive pain in the left side of the scrotum had rendered him nearly speechless. Examination showed that the swelling of the epididymis was not diminished. The testicle itself was apparently distended, hard to the feel, and tender. These symptoms showed to my mind that this was a case for the operation of "debridement du testicule," and the result has justified that opinion.

The operation, as performed by the French surgeons, consisted in laying open the scrotum and dividing the tunica albuginea; but I preferred making the incision subcutaneously, without exposing the testicle to the air, after the method proposed and performed by Dr. G. Ross, a German surgeon.

Taking the scrotum in my right hand (the left testis being diseased), with the left hand I pushed up a straight bistoury, about two inches in length, with its flat surface next the testis, from the inferior portion of the scrotum until it reached the superior border of the gland, then turning the cutting edge of the knife next the gland, by drawing it downwards gently divided the tunica albuginea.

At the moment of division, a sensation was communicated to my hand similar to that felt in the division of a tendon. The patient was instantly relieved, and slept well the entire night. The next morning all pain had disappeared, but for the next few days the swelling increased; this was readily relieved by the application of adhesive straps after the method of Fricke of Hamburg, and narcotic cataplasms. On the third day after the operation, a few drops of pus oozed from the opening, which had been dressed with adhesive plaster, after which there was scarcely any appearance of an operation having been performed. Along the course of the division could be felt a slight hard ridge, which gradually disappeared. The gonorrhœa yielded to the usual treatment, and the patient was discharged cured on the 4th of September, 1850.

The knife I used was similar to that used by Wutzer, of Bonn, in his operations for tenotomy, and which I have always preferred for all similar operations.

POLYPUS AND INVERSION OF THE UTERUS.

[A MEDICAL gentleman of Boston received the following case from Gilman Davies, M.D., of Portland, Me., in whose practice it occurred.]

In September, 1851, I was called to visit Mrs. ———, 46 years old. She had been married twenty-two years, and had borne five children, viz., in the years 1830, '32, '35, '37 and '40. She had never mis-

carried; and though a slender and feeble woman, had enjoyed good health, with the exception of habitual costiveness, until about eighteen months previous to my visit. At that time the menstrual secretion became irregular, the hemorrhage continuing much longer than heretofore. Believing it to be the usual termination of that function, and that it was the "turn of life" with her, she had no medical aid till the time of my visit. After examining her case, I stated to her my belief that it was true uterine hemorrhage, and that it was probably caused by a polypus. I urged an examination for the purpose of ascertaining this, and if it was so, of removing it. To this she was unwilling to submit; and under the use of the persesquinitrate of iron, turpentine, &c., with gentle laxatives, she gained strength, and the hemorrhage diminished, so that she felt comparatively well. My last visit was in November. I did not see her again until February 7th, at 8 o'clock, P.M. In the mean time the flowing had continued and increased, and there had been two severe attacks of uterine pain. Once she rolled on the floor in her agony. Her sister urged her to send for me, and to submit to whatever operation was necessary; but believing still that there was nothing unusual in her case, this was not done.

On the afternoon of February 6th, she went out to ride in a sleigh. The roads being very rough, she was jolted a good deal. On her return home, she complained of nausea, and the flowing increased. She passed an uncomfortable night, but went to the breakfast table in the morning. She vomited the little she ate, and then went to her chamber. At noon she took a few oysters, which the stomach very soon rejected, and in the evening she became faint, and I was sent for. On my arrival I found her almost pulseless; pallid, cold, with distressing nausea. Under the exhibition of stimulants she revived, and I made a vaginal examination. I found a large, firm polypus lying low in the vagina; and at the same time, upon applying my left hand upon the abdomen, which was much flattened, I felt what was evidently the uterus just above the pubes, but with a conical depression at the fundus. She continued to sink, and died between 4 and 5, A.M.

The following day I requested an examination; and stated to the family that in addition to the polypus, the existence of which I had ascertained the evening before, I was convinced there was complete inversion of the uterus. They gave their consent, and I made the examination. Upon opening the abdominal cavity, the uterus presented itself completely inverted—one ovary lying upon each side of the tunnel-shaped cavity, and the Fallopian tube dipping down into it. The polypus was fibrous, and attached to the fundus uteri by a neck an inch in diameter. The polypus and uterus together weighed one pound and a quarter.

Dr. Ashwell, in the second edition of his work on diseases of females (English edition), page 491, says, "It is said that polypi by their weight, but especially by their sudden escape from the uterine cavity, may produce inversion of the organ. It is difficult to imagine this, if the uterus be unimpregnated, although we have a preparation at Gny's proving that a polypus may, by its weight alone, produce inversion of the unimpregnated womb."

STRANGULATED PIURENIC HERNIA IN A HORSE.

BY CHARLES M. WOOD, VETERINARY SURGEON.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I feel some diffidence in approaching the pages of your Journal, but hope that the following case in veterinary medicine may possess sufficient interest to render it acceptable to some of your many readers.

Wednesday, March 10th, 2, P.M., I was requested to visit (at Ward's stable) a horse, the property of a physician of this city. On my arrival, I found my subject (a bay horse, 13 years old and in good working condition), to be laboring under the following symptoms. Profuse perspiration; extreme restlessness, and hurried respiration; pawing violently; suddenly throwing himself down and rolling on his back; lying in that position only for a few seconds, then quickly rising again, to resume his pawing and scraping as before. These symptoms were accompanied by severe spasmodic contractions of the abdominal muscles. On inquiry of the owner, who was present, he informed me that he had driven the horse during that forenoon; but although he was not in his usual spirits, he saw no trouble with him till 12, M., when he was discovered pawing and attempting to lie down in the street where he had been left standing. He was immediately taken to the stable, and an attempt made to give him medicine, which the violence of the symptoms rendered extremely difficult to do. However, assisted by those present, I raised the animal's head for the purpose of giving him an antispasmodic drench, which was composed of tincture of opium, $\frac{3}{4}$ j.; sulphuric ether, $\frac{3}{4}$ ij.; water, $\frac{3}{4}$ viij. This he stoutly resisted, and in his struggles he was thrown down. Being secured in this position, the medicine was easily administered. I also gave an injection of laudanum, &c., per rectum, and he was then allowed to get up; but he was no sooner on his feet than he walked into the stall and commenced pawing as before. I then applied a stimulating liniment to the abdomen, which at first excited him very much, but after a while appeared to give some relief. This, however, was of short duration. I visited him again at 4, P.M. Found him standing, pawing, and frequently looking back to the left side, which was evidently the seat of disease. I walked quietly into his stall, and carefully examined him. The pulse was 64, and feeble; the respiration painful and laborious; the whole body, especially the extremities, very cold; the pupils dilated, and the eyes wild and staring. I repeated the medicine, and also the injection. At 6, P.M., there was no abatement of the symptoms; he was still standing, not having laid down during my absence; he was constantly pawing, first with one foot and then with the other; the body and extremities remaining cold, and the pulse depressed and small. I now gave up all hope of his recovery, being of the opinion that some serious lesion of the stomach, diaphragm or intestines must have taken place. He appeared now to suffer little pain, being, as I supposed, under the influence of the opiates; but his tail was trembling, the head thrown up and down, it being often turned to the left side as before. I offered him some tepid

water, of which he drank moderately ; gave him an injection of soap and water, had him well covered, and left him. At 10, P.M., he was still standing, and pawing as usual ; respiration quick and more laborious, with a general tremor of the whole body ; great anxiety, and rapidly increasing prostration. He was evidently sinking.

Thursday, 11th, 7½, A.M., visited my patient, just in time to see him fall dead in his stall. This was about nineteen hours after the attack.

Post-mortem Examination, eight hours after death.—Present, Professor J. B. S. J., Dr. C. and Dr. G. On removing a portion of the large intestines, the stomach appeared, very much distended, but was otherwise healthy. There was discovered immediately a rupture in the tendinous portion of the diaphragm, of about three inches in length, and on the left side, through which some ten or twelve yards of the small intestines had been forced into the chest, completely strangulated and in the highest state of congestion. There was, also, a rupture, nine or ten inches in length, of the muscular portion of the diaphragm on the same side. That these ruptures were the immediate cause of death, there is of course no doubt. It is also probable that the lesion must have occurred recently, for such an injury usually proves very speedily fatal. The rupture may, however, have happened some days previously to the strangulation.

The causes of rupture of the diaphragm are very obscure ; but I think it is usually the consequence of sudden and violent exertion ; although it might in this case have been superinduced by the over-distended state of the stomach.

Boston, April 6, 1852.

DEATH WHILE UNDER THE INFLUENCE OF THE TINCTURE OF CHLOROFORM.

[Communicated for the Boston Medical and Surgical Journal.]

EMILE, a sailor, 20 years of age, a Swiss, a tall and remarkably fine-looking man, entered this Hospital on the 10th of March, 1852. Report by those who brought him here, and subsequently made by himself during his convalescent state, was, that somewhere about the 20th of February, the great toe on his right foot was frost-bitten. About a week after this, was taken with fever, and his "bed-place" aboard ship, which was bound to this port from Liverpool, was almost constantly wet, and he had not much care bestowed upon him. On arrival, the men made him drink.

He had ship-fever. At the time of entrance, he was under some considerable mental excitement—talking foolishly—had looseness of the bowels and eruption on the abdomen. As mental excitement subsided, he began to complain of pain in toe, the last phalanx of which was black and hard.

The fever yielded rather kindly ; but pain in the toe was great, very much more so than in a majority of the many cases of the kind, of

fingers and toes, which here fall under our notice and treatment every season. The precise seat of pain was said by the patient to be, now on the inside of toe, now on the sole; once in a while he would say "all over." At last, perhaps on the 30th ult., I concluded such intense pain, which no applications seemed to alleviate but for a short time, must be caused by the condition of the matrix of the nail; and on the 3d inst. he concluded to have it removed.

Seated in the operating chair, a sponge wet with tr. chloroform (vide U. S. Dispensatory, 1851, page 848) was applied to his mouth and nose. He disliked the application very much, was refractory, and presently refused to breathe it. I explained to him the kind of operation he was about to undergo, and the exquisite painfulness of it; that this article was given daily, and so forth. He persisted that he would hold his foot himself, without the sponge, and with reluctance I proceeded to loosen up the skin from the nail, which caused, as was expected, great agony; he now said, "give me that."

The sponge was wetted again, and in a very short time he fell, apparently, into the usual state of anæsthesia. Immediately, I slipped a spatula above the matrix, and the nail was out. Upon looking up, I observed the part of the face which was uncovered, very pale, and the eye half closed and fixed. The pulse was hardly perceptible. Instantly the sponge was removed, the patient laid upon the floor, and the windows thrown open. Water was dashed upon his face and breast, his legs elevated, ammonia applied to nostrils, artificial respiration, and finally electro-magnetism. He was dead.

When first laid upon the floor, the region of the neck and face in the near vicinity of the ear was purple.

From the time of the *first* application of the sponge, to the moment he ceased to breathe, could not have been more than, if so much as, five minutes. The *whole* quantity of tr. of chloroform used was, by careful measurement, exactly "two ounces and five drachms."

The above is simply a relation of the facts of the case. Since the occurrence, however, I have learned from the attendants and others that the patient's conduct in the ward during the day was different from usual. While smoking a cigar in the ward, and being told by the nurse he should have to report him to me if he did not desist, he answered impudently, and continued the offence. This was quite unlike his customary behavior.

Permit me to add my impression or hypothesis concerning the sudden termination of this case. When I took the first step in the operation, he was in a state of excitement, partly from having taken two or three inspirations of the tr. chloroform, and partly from resisting my assistants. Might not the agony, experienced at this time, have caused a faintness which would have declared itself, fully, at a moment later, if the sponge had not been re-applied? The effect of the agent used, combined with the great shock to the nervous system from pain, and the incipient syncope, all falling together, united in producing that condition from which we were unable to arouse him.

J. B. S. Jackson, M.D., will append his notes of the post-mortem

examination, made by himself, the following-named gentlemen being present :—Drs. S. L. Abbott, T. S. Ainsworth, C. E. Buckingham, H. J. Bigelow, H. G. Clark, G. L. Fox (U. S. N.), J. S. Jones, A. Poor, S. Parkman, C. G. Putnam, C. H. Stedman, C. Warner, J. Mason Warren, A. T. Willard, and Theodore Metcalf, Esq.

Chelsea, Mass., April 4th, 1852.

WILLIAM INGALLS,

Physician and Surgeon U. S. Marine Hospital.

Autopsy, about twenty-four hours after death. Color of muscles not remarkable, nor the amount of rigidity. Blood dark, and quite liquid in the large veins, the thoracic aorta, and the heart, excepting a small quantity of soft gelatiniform fibrin in the right ventricle. Heart moderately firm. Lungs not remarkable in regard to color or congestion; there being no trace of the bright scarlet color that was found in the case of death from chloroform that occurred in this city in March, 1849, and an account of which was published in this Journal by Dr. Jeffries. And neither was there the rapid decomposition that was so marked in that case; there being no discoloration, though the examination was more than usually offensive. The stomach and lower half of the small intestine contained a large quantity of undigested food; extensive cadaveric softening of the mucous membrane of the first; and some chyle in the lacteals. The spleen was extensively diseased, as was also the left kidney, and, to some extent, the right; the affection being apparently of the nature of chronic inflammation. The head, as well as all of the organs of the thorax and abdomen, were fully examined, but nothing further was discovered.

PHOSPHATE OF LIME IN PHTHISIS, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A correspondent in the number of your Journal for April 7th, must have read my article “without specs” to gather from it that I supposed somebody, who had recently recommended phosphate of lime for phthisis, was the *first* discoverer of it, when all I said went to show that it was used for the same disease, almost “thirty years ago,” by an eminent practitioner in Rhode Island; and, especially, as I used the following words, “The medicine is not *new*, nor *newly* used, only as *old* things *often* become *new*.” I never intimated that anybody now living was the *first* discoverer of phosphate of lime, or first in using it in phthisis, but the contrary; and he might, therefore, have spared his display of learning, informing us who did “first use it.”

As to “giving the cold shoulder to the phosphate of lime,” &c., the correspondent referred to has given *both* a *cold* and a *warm* “shoulder” to it; for, in the number of your Journal for Dec. 31st, 1851, p. 453, he says, “phosphate of soda would probably answer better” (referring to phosphate of lime), and assigns as a reason, that “the salt of lime is insoluble;” and in the last number he says “the phosphate of lime

may be the most important." Thus, last December, phosphate of soda was the best, and phosphate of lime injurious, because "*insoluble*"; now, phosphate of *lime* is the most important. If desirous of it, I hope he will try his skill at *quid nunc* again.

Boston, April 9th, 1852.

W. M. CORNELL.

TAPE-WORM.

[Communicated for the Boston Medical and Surgical Journal.]

AN Irish girl in the employ of L. Ingalls, Esq., of this place, on the 16th of Dec. last, was taken early in the morning with severe distress at the pit of the stomach, and retching. She soon felt her throat and mouth filled with something, which, on removing, she found a portion of a tape-worm. She drew from her mouth several pieces of considerable length, which she affirms were alive, and moved. While engaged in her work during the morning, she had another similar attack, and drew out a quantity more. This, together with the former, was put in a bowl of water, and was seen to move distinctly by the members of the family. It was brought to my office by Mr. Ingalls, in the evening, and consisted of six or seven pieces, measuring in the whole forty feet. I did not examine for the head at that time. On looking at it later, I found each of the several pieces nearly alike, larger in the middle, and tapering towards the ends. One end of each was very small and pointed, with very small points. The points at the other were much larger, say from $\frac{1}{4}$ to $\frac{1}{2}$ an inch. I know not whether there was a head on any of them or not. I have them now preserved in spirit. She had previously been in tolerable good health, and had never had medical attendance.

I saw her to-day, and learned from her that she has very often passed portions of tape-worm, but none since that time. She says she has raised it before, she thinks four or five times, and she thinks more than she did at this time. She states that she has always felt the symptoms above-mentioned, viz., great distress at the pit of the stomach, with violent retching, before it came up. She is rather fleshy at present, and suffers from pain in her side and epigastrium, but has no tenderness. Her appetite is good and pretty regular. Menstrua regular, and also her bowels. I have mentioned this case because I had met with no one similar, and seen no record of any, though others may have. I have shown the worm to several physicians of the vicinity, but no one has heard of such a case. If such are common, I shall only have exposed my ignorance; but that I am willing to do, if I can gain information thereby. If these be not common, would not this case warrant some effort at dislodging the parasite, when in the stomach, by the use of emetic medicines?

J. H. NUTTING, M.D.

Stafford Spa, Conn., March 22, 1852.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, APRIL 14, 1852.

Expulsion of Tape-Worm.—Since the publication of Mr. Soule's paper, in this Journal, some months since, recommending an orgeat of the common pumpkin seeds in cases of tape-worm, successful trials have been made in various directions, confirmatory of the value of the discovery. A copy of that number of the Journal was sent to the Rev. J. H. Hill, a distinguished Episcopal missionary at Athens, who read in it of the success attending the administration of the pumpkin-seed emulsion. Knowing that the Rev. Mr. Buel, laboring at the Piræus, under the patronage of the American Board of Baptist Missions, was afflicted with tænia, Mr. H. directed his attention to the preparation. A Greek physician, to whom it was mentioned, scouted the idea—it was really ridiculous, in his opinion. Mr. Buel was exceedingly reduced in health under the medications of his Hellenic medical attendant, was unable to sustain the duties of the mission, and with a gloomy prospect for the future. Under these circumstances, a draught of the freshly-prepared orgeat was swallowed—which shortly resulted in the expulsion of twenty feet of a tape worm! Mr. Buel immediately began to amend, and when the note from which the foregoing facts were taken, was written, there was a fair prospect of a speedy and perfect restoration to his former condition of good health.

A curious case of tape-worm, reported by Dr. Nutting, will be found in a previous page.

Deaths by Chloroform.—Fatal results from the administration of chloroform are occasionally reported, and should serve as cautions in its use, when there are any attending circumstances of the patient or peculiarity of temperament which lead to a doubt in regard to its administration. Dr. Ingalls, surgeon of the U. S. Marine Hospital, Chelsea, reports a case in to-day's Journal, which recently occurred at the institution under his charge. A young lady belonging to Norwalk, Conn., died at New Haven, last week, in consequence of inhaling chloroform at a dentist's office for the purpose of having a tooth extracted.

Mr. Faraday, the great Chemist.—He who is universally acknowledged to be the first chemist in the world—the pride of science and the especial boast of England—Michael Faraday, was born in 1791. He was the son of a blacksmith, who bound him to a bookbinder in London, with whom he served out an apprenticeship till he was 21 years of age. He had no other education than what he secured by indomitable perseverance under the most trying and mortifying circumstances. Having had the luck to hear a lecture by Sir Humphrey Davy, a ticket of admission having been presented to him for the evening, an instantaneous conviction of his own inherent powers seems to have flashed before his mind. He made the acquaintance of Sir Humphrey, and afterwards became his assistant, secretary, friend, and finally his successor. It is well known that Sir Humphrey, in speaking of his own achievements in science, said that his greatest discovery was made when he found Michael Faraday.

We have been present at the Royal Institution when the very aisles were filled with peers of the realm, standing for want of seats, to listen to the learning and wit of this model lecturer. He is the first and only chemist we ever heard who made the science irresistibly fascinating. The charm is in his natural simplicity—for he is not graceful—his colloquial freedom, and unexpected and playful sayings, which prevent any tendency to weariness in the audience, combined with a kind and winning manner of address. Mr. Faraday puts on no airs, and has the good sense to treat everybody with marked politeness. In raising himself to distinguished fame, he has retained every former personal friendship, and he is still always accessible to the people. In lecturing, he never had a note before him when we have been present, nor did his lectures appear to have been very methodically arranged. To what height might chemistry rise in the medical schools of this country, if those who teach it possessed the energy, enthusiasm, sprightliness, learning and suavity that distinguish the leading chemist of England.

Dr. Talcott's Address.—Some persons have the enviable faculty of speaking appropriately at all times. On the 16th of January, when medical degrees were conferred on those who had sustained a satisfactory examination at Yale College, Alvan Talcott, M.D., in behalf of the board of examiners, delivered an address, which has wisely been published. Its publication is a compliment to the author, and the address is an honor to the institution from whence it emanated. It is refreshing to find a man in the profession who is not too cowardly to give his honest opinions, lest they should at some period be held up in terrorum, and blight his prospects. Dr. Talcott told his auditors plainly what they must do; and the reader sees, as he proceeds from line to line, precisely what thousands have not done who keep up a perpetual noise about the dignity, the immaculate character and glory of the healing art. It requires some degree of discretion in a lecturer to know when he has said enough to produce a pre-determined effect. Dr. Talcott evidently possesses this qualification, and therefore closed while his hearers were wishing for more.

Dr. Samuel Jackson's Discourse.—The man who dared to speak freely of the defective organization of the American Medical Association, has delivered a discourse before the Philadelphia County Medical Society, that sparkles with bright thoughts and wise suggestions. Dr. J. is an independent thinker, and has courage enough to speak his mind without fearing that some old dog in the manger may growl at the prospect of losing a bone. His reasonings are logical, and his facts and conclusions are undeniable. No clergyman would have succeeded better in illustrating a text—and had any of the cloth taken the words which Dr. J. has chosen, "*My son, if thou comest to serve the Lord, prepare thy soul for temptation,*" they would not have written a sermon superior to this, which was not, however, intended for one.

Ranking's Abstract of Medical Science.—This work, our readers are aware, is republished by Messrs. Lindsay & Blakiston, twice a year, at Philadelphia, and we presume is well sustained. It would seem, at first view, to require no remarkable tact to conduct a periodical wholly with a pair of scissors—but on reflection it must be admitted that powers of no

everyday order are needed to select judiciously from the mountains of matter spread abroad in the Journals. This labor of selecting the wheat from the chaff, and giving it an arrangement—a come-at-able form to be serviceable—can be done well only by laborious research, a clear judgment, and an amount of literary activity that but few possess. We discover no falling off in the character of the publication, either in its scientific excellence or typographical execution. Every number is a cyclopedia of medical information by itself, and its utility will remain while diseases afflict mankind.

Principles of Chemistry.—Within a few days we have examined a volume with this title, illustrated by simple experiments, in which there is more value, we apprehend, than would be supposed from the little said of it in publications exclusively scientific. It was published by Mr. Bartlett, at Cambridge, in 1851—and at this late period it may be considered that a notice of it is a day after the fair. However, we think otherwise, and therefore beg to direct the attention of medical students towards it as a treatise of great value to those who desire an elementary acquaintance, if nothing more, with that much-neglected branch of a medical education—chemistry. It will aid those who get no assistance where it is professedly to be had. Dr. Stockhardt, the author, is a learned man, of high reputation in Germany; and this translation, by Dr. Peirce, is clearly a very exact and elegant transfer from one language to another.

Discussion on Anæsthesia.—It is well known throughout the country that the use of the new anæsthetic agents was not adopted so readily, on their first discovery, in Philadelphia as in other cities, and that faith in their virtues has since been of comparatively slow growth among the physicians there. At a meeting of the County Medical Society, held in that city, March 9th, 1852, the whole subject was fully and freely discussed, and the present views and feelings of the profession made manifest. We should judge by the report of this discussion, which we find in the last number of the Medical Examiner, that there is now little difference of opinion respecting anæsthesia, between the Philadelphia doctors and those nearer and in the city of its discovery. True, all in the former place do not recommend an indiscriminate resort to it, and some do not favor it at all as a mere preventive or assuager of pain. Some of them have materially changed their views on the subject, and now use it in cases in which they formerly would not do so. We were struck with the views of Dr. Darrach, on its use in child-birth, and his comparison of it with modern improvements by which the male sex are more particularly benefited. This blessing, he says, “removes the sting of disease, operations, and the cursed pain of child-birth. Man’s punishment is to obtain his food by the sweat of his brow—hard labor! and woman’s to have pains in child-birth. But the law is satisfied, and now, since man is blessed, through christianity, with labor-saving machinery, that he may no longer toil, woman in child-birth must not judicially and cruelly be denied chloroform, her pain-saving boon in labor.”

The following quotation from the report we must also find room for.

“Dr. Emerson observed that in regard to the agencies by which unconsciousness to pain was induced, there were some phenomena connected

with the nervous system and its mysterious functions, which he thought had not been generally recognized, or if noticed, not regarded with the attention which they deserved. He referred to the power of suspending sensibility exhibited by many persons subjected to pain.

"The mesmerists, he said, claimed this power as one of the results of their manipulations, and many cases are related where cancerous breasts have been cut out, and other most formidable operations performed on patients previously mesmerized, who declared they were free from pain whilst under the hand of the surgeon. He would not dispute the facts in such cases, further than to deny the necessity of any such fallacious agent as animal magnetism to induce the condition. The power evoked, through mesmerism, was doubtless exerted by the minds of very impressible subjects. He had often observed that certain persons seemed endowed with a capacity, on some occasions, to throw the ordinary functions of the nervous system 'out of gear,' to use a familiar term of machinists. Dr. Emerson related a few cases illustrating the subject. In one of these, he was assisting the late Dr. Physick in removing a tumor from the face of a young man, who fainted. During the period of syncope, Dr. Physick observed how differently persons bore pain. Whilst once performing an operation, of an unusually painful nature, upon a man, and wondering at his not crying out with agony, he was surprised at hearing him calmly observe, 'Dr. Physick, how very keen your knives are. It is really a pleasure to be cut with them.'

"The second case occurred under Dr. E.'s own observation, in the person of a near relative, a young lady, who, whilst very young, would never suffer any thing to be done to her teeth. All kinds of entreaties and bribes were exhausted upon her, and the result was, that her teeth, being too much crowded, began to interfere with her pretty looks. As soon as she attained an age when these became more fully appreciated, she cheerfully consented to visit a dentist, who found it necessary to extract no less than five teeth, all strongly rooted. Being her attendant, he was extremely surprised by such an exhibition of fortitude in one whom he knew to be endowed with exquisite sensibilities; and asking her, immediately after the operation, if she had not suffered intensely, was still more surprised to hear her say, that the only pain she had experienced was from the apprehension of the suffering he might have on her account. If mesmeric processes had been resorted to, this of course would have been considered a conclusive demonstration of their efficacy.

"Dr. Emerson observed, that this boon, for such he thought this natural resource might appropriately be called, was most frequently possessed by persons endowed with exquisite sensibility, against the effects of which it might be regarded as a protection. Where the suspension of feeling was induced by mesmeric manipulation, he considered the phenomenon as altogether the result of that extraordinary power which the mind, when deeply impressed by a sense of mystery, or some other obscure agency, could exert over the nervous system, and both with such agencies and phenomena it would be well for the profession to become better acquainted."

Case of Tracheotomy.—Professor Miller read a communication to the Edinburgh Medico-Chirurgical Society, from David Johnstone, Esq., A.M., surgeon to the Royal Infirmary, Montrose, entitled a "Case of Tracheotomy—an Account of a Foreign Body in the Air-Passages:"

We copy it from the *Edinburgh Monthly Medical Journal*. A lad, aged 15, in a fit of laughter, while cracking nuts, was seized with violent coughing, as he supposed from having swallowed a portion of the shell. The cough and distress continuing, a surgeon examined the throat, and passed a probang without relief. When seen, some days afterwards, by Mr. Johnstone, the symptoms plainly showed the lodgment of a foreign body in the air-passages, probably in the left bronchus. Tracheotomy was resolved on, and was performed on the seventh day after the occurrence of the accident. The trachea and larynx were carefully examined with the finger and probe, with and without chloroform. In applying this anæsthetic agent, no stupor could be induced, until a sponge, saturated with it, was applied to the wound, in addition to the ordinary mode of administration. The foreign body, not having been found in the larynx or trachea, search was made in the left bronchus, by means of a polypus forceps; but without success. After bleeding had ceased, the wound was brought together by sutures; but these were removed on the day following. Pain and other inflammatory symptoms followed, indicating acute affection of the left lung; but yielded to leeches, with mercury and tartar emetic. On the tenth day after the operation, an inflammatory relapse occurred, but again yielded to antiphlogistic treatment. On the twenty-eighth day after the occurrence of the accident, a violent fit of coughing, with pain and dyspnœa, occurred, threatening fatal suffocation. This attack having lasted twenty minutes, sudden and permanent relief was experienced, by ejection of the foreign body through the mouth. On the thirty-eighth day, the patient was carefully examined, and found free of disease.

Homœopathy in Edinburgh.—As the proceedings of medical associations in different parts of the world, in regard to their homœopathic members, are matters of general interest, we copy in full, from the *Edinburgh Monthly Medical Journal*, a report of the summary process pursued towards such members by the Medico-Chirurgical Society of that city.

The President announced that he had received, very shortly before entering the room, a printed letter from Professor Henderson, addressed to him in his official capacity, and transmitted through the Secretary, with a note stating that it was for the information of the Society. The President said he had not himself had time to peruse the letter, and he submitted to the Society the question, whether it should be read that evening.

Mr. Syme moved that Professor Henderson's letter lie on the table, seconded by Dr. Myrtle.

Mr. Miller moved, as an amendment, that Dr. Henderson's letter be read, seconded by Dr. W. T. Gairdner.

After some conversation, in the course of which it appeared that Professor Henderson's letter was designed for immediate publication, and had actually been advertised in the newspapers, as intended to appear on the following day; and after remarks by Professors Christison and Simpson, Dr. Alexander Wood, Dr. Douglas MacLagan, &c., the Society divided, first on Mr. Miller's amendment, and afterwards on Mr. Syme's motion, when the latter was carried by a large majority.

Mr. Syme then moved, in conformity with the resolution of the Society at last meeting, "That Dr. Henderson having publicly professed homœopathy, his name be deleted from the list of members"—seconded by Dr. Fowler, of Corstophine, and carried without opposition. Mr. Miller dis-

senting, "on the ground that a letter, addressed to the President, and referring to the resolution of the previous meeting, had been received from Dr. Henderson while still a member of the Society, which letter the Society had refused to hear; although, for aught that they knew, it might have contained important statements bearing on the matter in question." (The above reasons of dissent were handed to the Secretary in writing by Mr. Miller.)

Dr. Burt moved, "That Dr. M'Donald, of St. Andrews, having publicly professed homœopathy, his name be deleted from the list of members"—seconded by Dr. Myrtle. Carried unanimously.

Dr. Simpson moved, "That Dr. M'Leod, of Ben Rhydding, having publicly professed homœopathy, his name be deleted from the list of members"—seconded by Dr. Christison, and carried unanimously.

Dr. Alexander Wood moved, "That Dr. Ransford, of York, having publicly professed homœopathy, his name be deleted from the list of members"—seconded by Dr. Malcolm, and carried unanimously.

Medical Miscellany.—Dr. W. Samuel, convicted of manslaughter at Edgefield, S. C., has been fined \$1,000, and imprisoned in jail one year.—In New Jersey, there were, in one year, 6,467 deaths.—The American Union is extremely severe upon life insurance offices. The annual profits are represented to be all fudge! The article is very severe; and more is promised.—Smallpox has existed for some time in Millersburg, Ohio, and is extending in various directions. It is showing itself at various points in New England, and also in New York.—Singular typographical errors sometimes occur. One of our medical exchanges copies from this Journal Dr. Channing's account of the use of ether in a case of labor nineteen years ago, and in the "Contents" of the number the word years is changed to "centuries." Another one, in copying Dr. Cartwright's apotheosis of Mrs. Willard, makes the eagle a messenger "to defy (instead of *deify*) a mortal."—We see by the London Journals that another Part of Copland's Medical Dictionary has been lately published. It is not yet finished.

NOTICE.—Fellows of the Massachusetts Medical Society, living in Boston (South and East included), who have not joined the Boston Medical Association, are urgently requested to become members, previous to the next Annual Meeting in May.

No. 28 Harrison Avenue. Office hours, from 1½ to 4 o'clock.

By vote of the Association.

E. W. BLAKE, Secretary.

Boston, March 29, 1852.

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TO CORRESPONDENTS.—The following papers are on file. Dr. Cartwright on the Motive Power of the Blood; Dr. Ziegler on Osseous Development and Nutrition; Dr. Taylor's reply to S. S.; H. A. H. on the Ether Discovery; report of a committee of the New London Co. (Ct.) Medical Society.

Deaths in Boston—for the week ending Saturday noon, April 10, 59.—Males, 37—females, 22. Disease of bowels, 1—burn, 1—disease of brain, 4—inflammation of brain, 1—congestion of brain, 1—consumption, 3—convulsions, 3—cancer, 4—croup, 2—dropsy, 3—exhaustion, 1—epilepsy, 1—typhus fever, 1—hooping cough, 1—disease of heart, 2—influenza, 1—infantile, 3—inflammation of lungs, 5—congestion of lungs, 1—measles, 1—old age, 2—palsy, 3—pleurisy, 3—puerperal, 1—rheumatism, 1—teething, 1—inflammation of throat, 1—unknown, 2.

Under 5 years, 21—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 9—over 60 years, 10. Americans, 27; foreigners and children of foreigners, 32. The above includes 4 deaths at the City institutions.

Oil of Turpentine in Neuralgia.—Mrs. L., aged 55, consulted me in May of 1847, for the relief of pains mostly in the extremities, which appeared to me to be of a neuralgic character. Her sufferings were represented to be greater at night; her tongue was very slightly furred; still, she seemed otherwise in tolerable health. She was evidently of a nervous, excitable temperament.

Learning that she had taken every remedy that I am aware is prescribed for this form of disease, I decided to try the oil of turpentine, which I had recently used very successfully in a case of sciatica. Disguising the article with the "spirits of lavender, I furnished it to my patient with the direction to take ten drops morning and evening. The remedy seems to have proved entirely successful. About six months afterwards she applied for more of that medicine, declaring that she had enjoyed more immunity from pain at night, since taking it, than for years before, and that she "could not live without the medicine."

About the same time in 1848, I was called to see her, when suffering under severe grief, because her only and half-idiot son had enlisted in the army and gone to Mexico. After using other appropriate remedies, I again resorted to the same article with the same result.

I have since prescribed the article several times in neuralgic affections, and know of no remedy in the use of which I at present feel more confidence, for the cure of diseases termed neuralgic.

I am disposed to believe that turpentine is an article of far greater pharmaceutical value than it is regarded, and deserves higher rank among our list of remedies. Having observed, during a visit in Florida last spring, that turpentine was largely used as a domestic remedy by the most ignorant among the natives, who simply "chipped" a pine tree near their doors, and making a tea of the chips, employed it, or the gum that oozed from the wood, for the relief of colds, coughs, rheumatisms, wounds, and various other maladies, I have repeatedly tried it, and have found it to be a most valuable stimulating expectorant, diaphoretic, as well as one of the very best anthelmintics. I observe that it is much more highly prized as a remedial agent, by the profession at the South, than in our meridian.—*New Jersey Medical Reporter.*

Strangulated Hernia Reduced during Vomiting.—The Union Medicale mentions that Dr. Küllinger, of Erlangen, in Germany, tried the taxis upon a woman sixty-four years of age, whose crural hernia was strangulated, but without success. The patient was soon attacked with vomiting, and whilst she was making efforts, Dr. Küttlinger seized the tumor, pressed it with some force, and succeeded in reducing it in the very midst of the straining. Three months afterwards strangulation occurred again, the taxis was tried in vain, and reduction was effected exactly in the same manner as before.

Preparation of Dahlia or Georgina Paper.—Dahlia paper is prepared by bruising the petals of the red dahlia with a little water, expressing the juice and filtering. This is then applied to white filtering paper by means of a pencil brush. This paper, which may replace the litmus paper, is colored red by acids, and green by alkalies. If the color of the juice is not sufficiently deep, it may be concentrated by evaporation, filtered, and then used.—*Jour. Chimie Med.*, Dec. 1851.

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CONFIRMATION OF THE WILLARDIAN OR IMPORTANT AMERICAN
DISCOVERY THAT THE CHIEF MOTIVE POWER OF THE
ARTERIAL BLOOD IS IN THE LUNGS.—NO. III.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

THE hypothesis of Harvey, locating the principal forces of the circulating fluids in the heart, has lately been called in question, after having been received as an established principle in physiology for more than two centuries. But as it is an American who has ventured to deny its truth, and that American not a member of the medical profession, and not even belonging to the sex which from time immemorial has monopolized it, a fair hearing is not likely to be had before a profession where the presumption has always been strongly in favor of established authority. Any one, however, having new facts tending to prove that established authority is in error on any important point, and that truth is neglected and lies unnoticed, is bound to bring them forward for examination, to pass for what they may be worth. The most effectual way to bring down old errors from high places is to strike them with new truths. Before a willingness can be awakened to re-examine the question of the circulation, so long considered as *res adjudicata*, new testimony is required, or at least such as would give many old facts a tongue which were mute when the question was adjudged. The author professes to be in possession of such testimony ; and before making it known, it seems right and proper to explain how he came by it, as he does not claim any particular merit of his own for knowledge forced on him by peculiar circumstances. Some years ago he learned certain facts in regard to the crocodile family of saurians, so numerous in Mississippi and Louisiana, and the pearl-bearing testacea, having a direct tendency to overthrow the generally-received doctrine of the dynamic or motive powers, which produce the circulation of the blood, both venous and arterial, hepatic and foetal. Some of these facts, having a bearing on the venous circulation, are entirely new and unknown to natural historians ; while others, relating to the arterial, although not altogether new, greatly tend to decipher the hieroglyphics of many old and important facts, heretofore unnoticed, because they were inexplicable. How this knowledge came to him, rather than to Cuvier and other distinguished

comparative anatomists, will readily appear when he states, that for many years he had been the owner of a plantation on Lake Concordia, seven miles from Natchez, running back about a mile to another large body of water, called Grassy Lake, consisting of a multiplicity of deep lagoons, traversing a morass covered with an impenetrable jungle, and abounding with alligators of the largest size. An attempt was made to drain the morass. The draining process caused the alligators to emigrate into the larger lake. In doing so, they took the nearest route, which was through his cotton field. They were often killed in crossing from one lake to the other. He was thus furnished with subjects for dissection from larger and older specimens of that reptile, than, probably, ever had been submitted to the knife of the anatomist. In prosecuting these dissections and witnessing the occurrences afforded by the strange spectacle of the emigration of some of the oldest and largest of the Egyptian divinities through his fields, he came into the possession of a few important facts entirely new, throwing much light on the thick darkness of the venous, foetal, hepatic and lymphatic circulation; and also other facts, although not new, tending to illustrate the dynamic power of the arterial, by giving prominence to an anatomical organization previously known, but from which no practical deductions had been drawn, owing to its demonstration having been made on animals of too small a size to witness the peculiarity on a grand and imposing scale.

It is not proposed, in this article, to touch on the newly-discovered facts connected with the venous, foetal, hepatic and lymphatic circulation, but only those relating to the chief motive power of the arterial blood. The latter are not new, but the demonstrations having been made on a larger scale than was ever made before, have all the force of a new truth, as no practical inferences, touching the motive power of the blood, had been drawn from witnessing the same anatomical peculiarity in animals of a very small size. Thus, it has long been known to comparative anatomists, that many animals, as frogs and snakes, have small lymphatic capsules or hearts, apparently for the purpose of assisting in the circulation of the lymph. Some anatomists have thought they possessed a muscular structure and were capable of contracting and expanding, but they were too small to bear comparison with the human heart. The Batrachia have four lymphatic hearts—two pelvic and two scapulary. The Ophidians and Saurians have two pelvic. In the Python tigre, or Coluber boaformis, Russel found the lymphatic hearts about half an inch in length and a quarter in breadth. This is about the size of the lymphatic capsules or hearts in alligators of three feet in length—the usual size heretofore dissected, owing to the difficulty of capturing and transporting the larger sizes. But in the larger sized alligators, from ten to twenty feet long, which were captured and dissected on the banks of Lake Concordia, the lymphatic hearts, instead of being mere capsules, were as plainly muscular as the heart of man. The fasciculi were arranged in the same manner, and it was found to be provided with valves to prevent the regurgitation of the lymph, in the same manner as the aortic valves of the human heart prevent the regurgitation of the blood. Owing to the tenacity of life in these animals, the

systole and diastole of the lymphatic hearts was not a matter of conjecture, but of ocular observation. Had Harvey dissected alligators of ten feet and upwards in length, and witnessed the muscular structure of the lymphatic hearts, he would no doubt have fallen into the error of supposing that the chief motive power of the lymph is derived from the lymphatic hearts; unless this little piece of anatomical knowledge, drawn from the dissection of one animal, had been corrected by the anatomy of other species of animals having a well-defined lymphatic circulation, and no lymphatic hearts to propel the lymph.

While the author was prosecuting the dissection of alligators, Mrs. Willard's treatise on "the motive powers which produce the circulation of the blood," seemed by mere chance to have been thrown into his hands. He was particularly struck with the first page of the preface. "*This is not so much a subject I choose, as one which chooses me. It comes unbidden to my mind, and like an intrusive guest, there it will abide and irresistibly claim my attention. But why thus visit me? Whose bidding does thought obey?*" And why do these alligators visit him in his retirement? was a thought that crossed the mind of the author. Why this book and the sacred crocodile should both come together from such different quarters, as if to invite him to the unequal contest of rebelling against the received opinions of the scientific world on the important question of the circulation of the blood? Why did Virgil write "*Nec dubiis ea signa dedit Tritonia monstis*," unless strange fancies and odd coincidences in that age of the world were not prophetic signs that some remarkable event in human affairs was about to take place, which the moderns attribute, not to Tritonia or any other god or goddess, but to Providence? So obstinate is man, that it is often impossible for reason to replace old inbred errors by new truths, unless aided by some mysterious concurrence of favorable circumstances. The history of missions proves this lamentable defect in the human intellect. During the saurian emigration through his fields, a fortunate coincidence brought Prof. Forshey to witness the strange spectacle, and to assist the author in capturing, by a new process, six large emigrant alligators. But, as if to give additional interest to the subject of their natural history, the immortal Harlan, of Philadelphia, the ablest comparative anatomist of the United States, soon afterwards unexpectedly dropped down, as it were, on the same sequestered spot, and collected many specimens from the bones of the larger-sized subjects, estimated to have belonged to individuals which had lived a century or more. The advent of the celebrated Harlan to Lake Concordia promised to relieve the author from the task of contributing anything to science from the natural history of the crocodile; but unfortunately death deprived the scientific world of the latest researches of that distinguished natural historian. Though dead, however, he yet lives in the shape of the knowledge he communicated to others, and among the rest to the humble author of these pages.

After these and some other occurrences, which drew his attention to certain molusca of Lake Concordia, an extensive class of animals having an aorta but no pulmonary or bronchial heart, the very reverse of

which occurs in fishes) ; and to the insect so destructive to the cotton plant, having no heart at all, the author, worn down by the weight of the arduous professional labors, in town and country, of a third of a century's duration, sought a residence in New Orleans, within the sea breezes, a place more congenial to his health than the interior country. Here he soon had his attention again awakened to the subject of alligators and comparative anatomy, by the enthusiasm of Dr. Bennet Dowler, who already, by the facts drawn from the vivisections of the same gigantic reptiles, is overthrowing the dazzling but fallacious doctrines of Sir Charles Bell and Marshall Hall on the nervous system, by proving a diffused sensorium ; and thus attracting the eyes of scientific Europe to the Delta of the Mississippi, ere long to become, like that of the Nile, classic land, and the crocodile again to be re-instated to the same high character it held in ancient Egypt—a sacred animal, pointing out the way to the true philosophy of the nervous system and the circulation of the blood. But it was not until the same Professor Forshey, who had assisted the author in capturing alligators on Lake Concordia by a new method (hereafter to be detailed), had brought to life in New Orleans, in his presence, an alligator to all appearances somatically and molecularly dead, by inflating its lungs, after Dr. Dowler had previously exposed the viscera of the thorax and abdomen by a careful dissection (as detailed in the first of these articles on the circulation of the blood), that the author began to think seriously of undertaking, as a duty he owed to science, voluntarily to become one of the standard bearers of the *Filia nata Jovis* of the new world, and pressing forward in the van, with no other armor against the shafts of ridicule than that alluded to by Martial, the epigrammatist, "*Palladis, et templi limina, Cosme, novi.*" Those members of the profession, like Cosmus, whom science has only perfumed, and who left her temples before they became familiar with their thresholds, are the very persons most apt to look down with contempt and proud disdain upon any reformation, discovery or improvement originating in unexpected quarters or with individuals not indoctrinated. They do not discriminate between the arrant pretensions of selfish quackery and humbuggery, promising wonderful cures and reformations, pretending to great discoveries to line their pockets, and those other reformations, innovations and discoveries, which some mysterious power occasionally prompts the benevolent and disinterested to make against their own interest and at the risk of their reputation. They do not consider that the truth, which may be brought to light by the latter class of persons, as long as it remains unrecognized and unclaimed by the professions, affords selfish quackery a capital to trade upon. If those who thus disdainfully refuse to discriminate between things essentially different, were remanded back to their books, they would see that a vast majority of the radical changes, reformations, discoveries and progressions, there recorded, have had their origin in some mysterious power seemingly delighting in mocking the wisdom of the world, by choosing agents to begin a reformation or to make some important discovery, from among the very class of persons least of all qualified, in the eyes of human reason, by habits and edu-

education, for the important undertaking. Hence rather than to condemn and ridicule, it were better to reverence and to study the manifestations of that mysterious power impelling a trembling woman, by the awe of a paramount duty, to leave the presidential chair in the courts of youthful beauty, where she had long ruled beloved and respected, and in the full enjoyment of a fame commensurate with the broad surface of the American confederacy, and which has even spread into Spain, where her historical works have been translated—and to go forth alone, groping her way in the dark, through hideous, sepulchral fields, where discord reigns, to cast the first stone at the dumb idol, which for more than two centuries has received the homage of the medical world and held it chained to the dogma that the heart is the chief motive power of the arterial blood. The fallacy of locating the chief motive power of the arterial circulation in the heart, an organ not under the will, requires to be exposed, and the truth made known that it resides in an organ *under the will*, the lungs, and is derived from respiration; before the science of medicine can make much progress or lend its all-important aid to a general and rational system of education, physical, moral and intellectual; before consumption, the bane of the progressive race of mankind, can be prevented, the term of human life lengthened, and before the North and the South can be indissolubly united in the bands of perpetual amity and fraternity; there being about four millions of people in the United States, who are not understood, and the means of improving their condition not understood, because the motive powers of the circulation of the blood are misapprehended.

The author had not proceeded far in his dissections, before he began to see the main propositions, contained in the little volume above alluded to, written in capital letters in the anatomy of the crocodile, viz., that “the heart is a mere secondary or auxiliary organ of the circulation, and that the chief motive power of the arterial blood is located in the lungs and derived from respiration.” After the heart was dissected out of the body of an alligator, the animal was nearly as vigorous as before the removal of the central organ. It was observed for an hour or more, and still the capillary circulation went on; muscular motion, controlled by the will, continued to be manifested in a regular manner—muscular irritability and contractility continued to be preserved; sensation and intelligence remained, and the application of irritants still aroused the angry passions. Even the secretions, as far as could be observed, continued to flow, thus proving incontestably that the capillary circulation, at least, does not derive its chief motive power from the heart. Nor does sensation depend thereon, nor intelligence, nor the will, nor passion, nor muscular motion, voluntary or involuntary, nor secretion, nor irritability. The organization of the alligator, showing lymphatic hearts near midway the lymphatic vessels, proves that they are only auxiliary, and not the prime motive power of the circulation. The heart of man, being located near midway of those vessels destined for the circulation of red blood, must likewise be an auxiliary or regulating organ, and not a prime or chief motive power. If the lymphatic hearts were considered to be the chief motive power of the lymphatic circulation, the objection

would arise—how does the lymph get to them, in the first place? So also to the hypothesis, that the heart of the mammifera is the chief motive power of the red blood, the same objection arises with equal force—how is it possible for the blood to reach the heart, in the first place? The circulation is double, one for the red blood and the other for the black. Each system of vessels is complete in itself, and there is no visible or open communication between the two. Each system begins and ends in capillaries; each has a muscular expansion near midway its source, called a ventricle. The question is, how does the red blood get to the auricle? The motive power, impelling it to the auricle or half-way house, must be the chief and prime motive power. It is not denied that the motive power, impelling it to the half-way house, may be so far spent as to require some additional momentum to be given to it, after it arrives there; but it is contended that the mechanical impulse it may receive from the muscular contraction of the heart, be that impulse ever so great or small, can by no possibility give any momentum to the blood before it reaches the propulsive muscular organ. Each system of vessels containing the red and black blood being complete in itself, and there being no visible or open conduits connecting them together, the ventricle or muscular organ, belonging to the one, cannot drive the blood through any portion of the other. But if there existed an open or pervious communication between the systems of red blood and black, it has been satisfactorily proved that the momentum of the blood, after leaving the muscular organ, the heart, diminishes regularly in proportion to the calibre of the arteries, and cannot be appreciated at all as the arteries approach the capillaries. Poissenille, the inventor of the hæmadynamometer, has estimated the impelling force of the blood in the aorta at thirteen pounds, and only four drachms in the radial artery. The force already spent in one system of vessels cannot be a propelling force in another system of vessels, even if there was an open and free communication between them. The thirteen-pound impelling force, which has dwindled down to a four-drachm force, can by no possibility recuperate itself after it has been lost and again become a thirteen-pound force. So also the impelling force of the right ventricle, which is lost in the minute ramifications of the pulmonary arteries, cannot regain itself and become a propelling force to drive the blood through the pulmonary veins to the left ventricle. The chief motive power of the red blood must of necessity be located in the commencement of the system of vessels circulating the red blood, which is in the lungs, and that motive power, whatever it be, is derived from respiration. The lymphatic hearts, in the saurians, evidently assist in circulating the lymph by injecting it into neighboring veins, but they are not its chief motive power, or so many animals would not be deprived of them. So, also, in man, the heart evidently assists in circulating the red blood, but the doctrine which would place its chief motive power there, must surely be behind the times, when it is remembered that the cultivation of comparative anatomy has revealed the fact that there are more than 12,000 species of red-blooded animals having no muscular apparatus or heart to propel the red blood, and about as many mollusca having no heart

to propel the venous blood—to say nothing of three millions of species of insects without any heart at all. Fishes have no heart to propel the arterial blood through the arteries. They have a small thin-walled ventricle, assisting in propelling the venous blood into the gills or branchiæ, as the lymphatic hearts assist in impelling the lymph into the venous system. The hypothesis, which would extend the action of the pulmonary or branchial heart of fishes through the branchial arteries into the aortic system, was conceived in ignorance of the fact, disclosed by modern anatomists, that there is no direct or unobstructed communication between the arteries and the veins, either in the gills of fishes or in the lungs of higher animals. Nothing shows more clearly the poisonous influence of a false theory in paralyzing the judgment, than the received doctrine of the dynamic forces circulating the arterial blood in fishes. The preconceived idea of mechanical power, and that that power must be derived from a heart, and there being no heart in the systemic circulation of fishes, has led to the most irrational conclusion, that the little thin-walled heart of the branchial circulation is the motive power of the blood in the systemic circulation; although both circulations are perfectly distinct from each other, and there is no way open by which fluid can pass from one to the other, except by what is called exosmosis and endosmosis. In no other science or art, except that of physiology, would such an irrational conclusion be tolerated for a moment; and it would not be tolerated in physiology if it were liberated from the despotism of the fallacious dogma which makes the heart the chief motive power of the blood. The idea is preposterous that a mechanical propulsion given to a fluid confined in tubes, can follow that fluid up, and give it any motion at all, much less a stronger motion, after it has percolated through the extremities of the tubes and got into other tubes having no open communication with the first. Besides, according to Poyseuille and the best authorities, the motor force imparted to the blood is lost before it reaches the capillaries. How is it possible, therefore, for the motor force of the heart of fishes, lost in the branchial arteries, to regain itself and to become the chief motor force in another system of vessels to which it does not belong? In medicine, as in agriculture, it is often more troublesome to clear away rubbish than to cultivate the ground. Of the nature of rubbish are all those illegitimate deductions, which make use of facts to conceal the truth. Thus the fact, that after somatic death and before molecular or organic life is extinguished in the capillary system, fluids, injected into the arteries, will appear in the veins, has been used by Dr. Sharpey, and more recently by Mr. Erichson and others, to prove that the heart is sufficient to carry on the circulation through the capillary and venous systems without presupposing any other motive power of the blood. But that this is an illegitimate deduction, tending to conceal the truth, will at once appear when the correlative fact is taken into account, that such a phenomenon ceases to be observed after molecular life in the capillaries is extinguished; thus proving, when the two facts are taken together, that the forces inherent in molecular life transmitted the fluid through the capillaries into the veins, and not the *vis a tergo* of the ar-

terial injection. The injection supplied the capillaries with bullock's blood in Dr. Sharpey's experiments, and while their molecular life continued it was transmitted into the veins, but no additional injecting force could thus transmit it after organic life was extinct. But the very thing which these experiments were supposed to disprove, the existence of some power, moving the blood, other than the heart, can be seen to exist for hours after the heart has been removed from the body of an alligator. It is a wise provision that the momentum of the blood through the arteries should only be sufficient to carry it to the capillaries, because if the impetus were greater, error loci or sanguineous infiltration would occur continually, as it often does in disease, when the momentum of the arterial blood is too great, as in active inflammation.

The first steamboat which ascended the Osage river was a high pressure boat, with a scape-pipe fashioned in the form of a snake, hissing and gulping a breath of fire with stunning sound. The Indians, it is said, had no difficulty in accounting for the motive power of the boat, attributing it to the snake. At length, when other boats, having scape-pipes constructed in the usual way, succeeded the first, they still held to their old hypothesis, that a snake concealed, or some other animal somewhat like a snake, was the motive power of the boat. The motive power of the arterial blood having been ascribed to the mechanical propulsion of an aortic heart, although twelve thousand species of animals, some of immense size, have been demonstrated by comparative anatomy to exist having no aortic heart, yet physiologists still persist in ascribing the chief motive power of the arterial blood to a heart, or something like a heart, or to some indefinite muscular contractility in the arteries acting as a substitute for a heart. Thus, in the annelides, and many other animals having a very active circulation, there is no heart, either aortic or pulmonary. It is commonly supposed, that arterial irritability or contractility is the substitute for the heart, and constitutes the chief motive power of the blood, like the concealed snake of the Indian hypothesis impelling the steamboat. But the ancipensea, or sturgeon, an animal larger than man, has no aortic heart, and the entire arterial system is composed of tubes absolutely immovable on themselves; their outer parietes adhering to the surrounding parts, depriving them of every vestige of contractile power if their walls were muscular; but they are cartilaginous. Cuvier (Vol. 6th, *Leçons Anatomie Comparée*, page 354) speaking of the sturgeon, says, "A peine les veines du poulmon s'y sont elles réunies pour former l'aorte, que celle-ci s'enfonce dans un canal catilagineux qui lui est fourni par le corps des vertebres. Elle semble s'y depouiller entierement de ses tuniques, et le sang y coule dans un tayau, a parvis absolument immobiles; c'est des trous de ce tayau, ou canal cartilagineux, que sortent les branches arterielles qui se rendent aux parties." In many other fish, the aorta is in part an open canal. Besides the sturgeon, some other species of the chondropterygii are known to have a cartilaginous arterial system, and no aortic heart, thus giving additional confirmation to the Willardian or American discovery, that the chief motive power of the arterial blood does not reside in the

heart or arteries, as commonly supposed, but in the lungs, and is derived from respiration.

New Orleans, March 30, 1852.

MEDICAL CENSUS OF NEW LONDON COUNTY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—At the annual meeting of the New London County Medical Society, held at New London, Conn., April 8, 1852, the following report was submitted to the Society, and a copy of it ordered to be placed in your hands for publication.

The Committee appointed at the last annual meeting of this Society to prepare a medical census of the County, after a careful investigation report the following result. The number of medical practitioners in the county, of all classes, is 123. Of these, 82 are graduates of some medical college, or are licentiates; 75 are in the regular practice, 51 of whom are, and 24 are not, members of this Society. There are 6 homœopathists and 2 hydropathists; 11 are Thomsonians, 9 female practitioners, 7 advertising doctors, 7 druggists and medical practitioners, 7 nondescripts, and 3 natural bone-setters. These 123 practitioners are located in the 18 towns of the county, according to the subjoined table.

The population of this county, according to the census of 1850, is about 50,000. It is usually estimated that one regular physician is required to 1,000 inhabitants. The above enumeration will show a crowded state of the profession in the county, there being one regular physician to 666 inhabitants. In New London and Norwich the number is still larger, New London having one regular physician for 600 inhabitants, and Norwich one for only 555. The proportion in these two places is even greater than in the city of Boston, which has one regular physician for 610 inhabitants. If we add the irregular practitioners to the regular physicians, we have, in the whole county, one practitioner for 406 inhabitants; in New London, one for 360; and in Norwich, one for only 322 inhabitants.

TABLE.

	Norwich.	New London.	Stonington.	Salem.	Colchester.	Montville.	Groton.	Waterford.	Lyme.	East Lyme.	Franklin.	Lisbon.	Bozrah.	Preston.	Ledyard.	Lebanon.	Griswold.	N. Stonington.	Total.
Whole number of Practitioners, of all kinds,	31	25	11	2	6	5	5	2	8	5	3	1	1	4	1	4	4	5	123
Graduates and Licentiates,	21	16	7	2	4	4	3		6	3	1	1	1	4	1	3	3	2	82
Regular Practitioners,	18	14	5	2	4	3	3		6	3	1	1	1	4	1	3	3		75
Members of Society,	15	11	3		2	2	2		3	2	1	1	1	3	1	2			51
Druggists and Practitioners,	4	2					1												7
Homœopathists,	2	2	2																6
Hydropathists,		2																	2
Thomsonians,	3		2		2	1		1	1								1	1	11
Female Practitioners,	2	4				1	1		1										9
Advertising Doctors,	4	2															1		7
Nondescripts,	1	1	2					1		2									7
Natural Bone-Setters,											2					1			3

These statistics your Committee would submit, with the reflection, that amidst the conflicting interests of professional life, it becomes us to cultivate forbearance, honesty of purpose and fraternal regard, assured that notwithstanding the partial favor which ignorance and charlatanism may win for a time by their boastful pretensions, yet knowledge and integrity alone will ultimately command success.

New London, April 9, 1852. JOHN D. FORD, M.D. } Committee.
 SETH SMITH, M.D. }

DR. TAYLOR'S REPLY TO S. S.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I notice in the last Journal, an article entitled "Spiritual Communications," over the signature of S. S. In that communication the writer, seemingly under the pretext of reviewing an article I published some weeks since with the same caption, has seen fit to misrepresent me in a very extraordinary degree. Whoever will take the trouble to compare the two articles, will see that S. S. has had the hardihood, in numerous instances, to represent me as saying exactly the opposite of what I said. This you may well suppose greatly astonished me; for of all the written controversies I have ever read, I certainly never knew a case before, where an antagonist was so lost to decency and honor, as, in quoting his opponent, to change the phraseology so as to represent him as saying exactly the opposite of what he has said, and said, too, in a most clear and perspicuous manner. Do I charge S. S. unjustly? Let us compare what he represents me as saying, with what I said.

1st. In speaking of my hand, writing the name of my nephew, S. S. makes me to say I *think* it was his hand-writing, and even goes so far as to Italicize the word *think*. Now I said no such thing. On the contrary, what I said on the point of its resemblance, was exactly this—"I have had no opportunity, however, of comparing it with the signature of my nephew, and do not know whether they correspond."

2d. S. S. quotes me wherein I say I could not make my hand write the word Mormon. And here I think proper to say, any one less obtuse than S. S. would understand me to mean that my hand would not write the word by the same effort of the will, that it wrote what else I have related. I think no sane person would understand me to mean, that I could not, by the ordinary operations of my will, operating on the muscles of my hand, write the word Mormon. But what is remarkable is, that S. S., after quoting me as saying that my hand would not write that word, as if to convict me of falsehood, immediately following, quotes me as saying, "could make it write anything he pleased." My language is, *almost* anything I pleased. Now I submit to the reader, on whom the falsehood lies.

3d. After saying that my hand wrote that the Roman Catholic religion was the best, S. S. says that I am, if he mistakes not, a member

of the protestant church, and adds, "either, then, the hand fails to tell what is in his mind, or he is recreant to his faith." Now, if this remark of his, has the least reason or meaning about it, I cannot perceive it; perhaps he can. He must be aware, that I say also, that my hand wrote, in the same manner, that a number of other different religions were severally the best.

4th. The writer makes me give three reasons, why I believe the phenomena are the result of *detached vitalized electricity*. On these let us compare notes. He says my first reason is, that, when the pen was let loose in my hand, its motions resembled the magnet; but he omits to say what I said in the same connection, viz., "I felt, too, a sensation like a light galvanic current passing through me; sometimes it appeared to be a steady thrill, and sometimes it was intermittent, or resembled light shocks of electricity." Any candid reader will allow that this is an important omission.

The second reason he makes me give is, that when I asked if it were detached vitalized electricity, my hand answered yes. Can S. S. fail to know, that I added, in direct terms, that I did not consider this a reason. My language on this point is precisely this—"Of course you will not suppose me to believe these reasons prove what it was, or what it was not."

Now for the third reason which the writer makes me give. He says, in the next place, by which I suppose he means the third place, the pen writes what is in his mind. "He says it is 'detached vitalized electricity,' and the pen writes it, and so it is." One must be greatly amused to see how much alike his second place and his next place are, especially when he sees, as every one readily will, that his second place, and his next place, have no place at all in what I published. Now it is rather peculiar that this same S. S., who represents Dr. Taylor and his friends as "deceived" or "deluded," should be mentally so obtuse as not to know the difference between two ideas, not to say two falsehoods, and one idea twice repeated.

With regard to the reasoning and logic of my reviewer, I shall say but little. One doctrine he lays down, is, that electricity is intangible. By this he means, if he means anything, that it is not sensible to the touch. Of course I shall not argue the point with one who assumes to be my tutor, to bring me out of my "delusions," but will modestly say, what I think I am entitled to say, viz., that the evidence of my senses has appeared to teach the contrary.

I have chosen to review my reviewer, so far as I have done it, in a spirit of candor. My apology for noticing his communication at all, is, that should it fall into the hands of those who have not read my article, or who have read it without particular attention, they might suppose his statements to be true, and thus much injustice would be done me.

I know not who S. S. is; I know not but the initials are fictitious. I have used the pronoun *he*, in referring to the writer. In this I may have been incorrect. I think it would have been proper for him, or her, as the case may be, to have given the full signature.

My reviewer is disposed to brand me with infidelity, because, as he

says, I make mind dependent on matter. Allowing the force of his logic, my own senses have greatly misled me on this point also. My sensations have been that mind had some little dependency upon matter, and was affected by the condition of its clayey tabernacle.

In matters of taste, too, we must differ. His "dog" that "has his day," his "whoppers," his "grey goose quill," and his extreme politeness to the devil, in styling him his "Satanic majesty," and commencing the appellation with a capital letter, might have an air of smartness in the estimation of those who have a taste for such expressions, if they were not so trite as to be worn threadbare. But, as he has wound up in a pint cup, there I will leave him; only adding, with regard to the subject itself, that essentially the same phenomena that I related as having occurred in myself, have occurred to a large number of our most intelligent and respectable citizens; and whatever may be the merit of my theory, I am happy to know that a portion of the press, as well as thousands of private individuals, are giving my article the credit of helping to arrest the deplorable consequences that have grown out of attributing these phenomena to the *spirits* of the dead.

SAMUEL TAYLOR.

Petersham, April 9, 1852.

PIORRY ON PLEXIMETRY AND AUSCULTATION.

TRANSLATED FROM THE FRENCH BY M. M. RODGERS, M.D., ROCHESTER, N. Y.

[Concluded from page 173.]

I HAVE represented by engravings, in my atlas, the shades of sound and tactile sensations, which may be produced by percussion. The darkest shades represent absolute dulness, as of the liver; the grey, the pulmonic sound; the light grey, the tympanitic sound, &c. By this means, also, I have represented the grades of sonorousness or dulness of different parts of the same organ. For twenty years I have been in the habit of mapping out the form and extent of various organs, both in a state of health and disease.

I have made many attempts to find a crayon which would leave a durable mark on the skin without pain; among the substances used, were writing ink, lead pencils, nitrate of silver, solution of chloride of gold and platinum, &c. But the material which is at present considered best, is lead ore ground fine and soaked in oil for two months.

The sound peculiar to each organ, is designated by the name of the organ, as the hepatic, the pulmonic, enteric, &c. Percussion over the liver produces a dull sound; over the bowels and stomach, distended by gas, the most sonorous of all organs; and over the lungs in their normal state, a sound intermediate between these two.

[This concludes what can be extracted from M. Piorry's valuable book without the accompanying plates to illustrate his descriptions of morbid conditions, in all cases and under all circumstances. To one who wishes to become skillful in all the details of percussion, this book is invaluable; its author doubtless stands first in this art; and although he has, perhaps, pursued it almost to quackery, he has in this

way developed all its resources, and made them available in practice. He sometimes humorously says, "they call M. Piorry a quack." For although *hobby men* seldom escape ridicule or censure, still the quality which makes them so, is the one which enables them to sift from their favorite specialty every idea worth knowing; they are, in fact, generally the original discoverers and inventors, and the world ultimately profits by what was considered their folly. So, M. Piorry.—*Trans.*]

ACUTE IDIOPATHIC TETANUS IN A YOUNG CHILD, WITH POST-MORTEM APPEARANCES.

BY G. E. FENWICK, M.D., MONTREAL.

ON Saturday afternoon, the 9th of August, 1851, I was requested to see Robert Simpson, a boy aged 5 years 6 months, who had been laboring since the previous Thursday morning under the following symptoms:—He was at first noticed to carry his head stiffly, and when he looked to either side, he would turn the whole body. Throughout the day, he was noticed to be dull, and excited, alternately; the skin was hot and dry, he refused his food, and he occasionally complained of his throat being sore, and also of pain in his belly. On Friday morning he seemed better, but as his bowels had not been moved the previous day, his mother gave him a dose of castor oil. On Friday afternoon, while at play in the yard, he was seized with a convulsive spasm, which threw him on his back; the mother told me, that, being alarmed, she went out and desired him to get up; he said he could not. When she took him up, he appeared to be convulsed, and became stiff and rigid. These convulsive attacks recurred several times that afternoon, and became more frequent during the night. The following morning (Saturday) the parents determined to seek medical aid. The father noticed the peculiar expression of the features, and also that the jaws were closed; this alarmed him, and he requested me to see the child.

Upon entering the room I was struck with the peculiar appearance of the features; every muscle was in "tonic spasm," giving a hideous expression to the countenance; the teeth were partially exposed by the drawing of the mouth to each side. The *ala nasi* were distended and drawn upwards, the eyelids were half closed, but the eyes were unaffected; he was enabled to roll them about with perfect ease; the jaws were partially closed, and any attempt to open them would bring on a spasm, and the teeth would be brought together with a snapping noise. He lay on his back, the limbs extended. Upon my attempting to bend his legs, the muscles resisted; he could, however, perform flexion and extension with impunity. The breathing was short and hurried, pulse 160, weak and fluttering, the whole surface bathed in profuse perspiration. Deglutition was performed with comparative ease; he swallowed beef-tea which his mother had been giving him at intervals since the morning. About every ten minutes he would be seized with spasm of the muscles of the back, thighs and legs; at such times he would rest on the occiput and heels. During the spasm, he complained much of

pain at the præcordium, and would call out to his father to press on his belly, which seemed to give him ease. A blister was ordered to be applied to the whole length of the spine ; as his bowels had not been moved, although the castor oil had been repeated, four grains of calomel were given, to be repeated in four hours if necessary. Chloroform was also ordered to be given by inhalation, whenever the spasms occurred.

I returned in two hours, accompanied by my friend, Dr. Gibb ; we examined the whole body carefully, but there was no sign of injury, nor had he received any blow ; all the symptoms above described were as marked as before. He had had two inhalations of chloroform ; after the first, the little fellow remained in a tranquil state, apparently sleeping for fully fifteen minutes.

Visited patient again at 9½, P.M. There has been considerable abatement in the symptoms, the spasms recur at longer intervals, and are less severe ; during the last half hour he has had no spasm. After the third or fourth inhalation of chloroform the trismus seemed to abate ; the father said he opened his mouth wide enough to protrude his tongue. The calomel operated twice, the stools were passed in bed. The breathing was less hurried ; pulse 110, fuller. I ordered the chloroform to be continued, and also that he should receive nourishment at intervals in the shape of beef-tea.

About midnight, the spasms came on with redoubled violence, and he died at 2, A.M. Death occurred during a severe fit.

Post-mortem.—Assisted by my friends, Drs. R. P. Howard and Wright, I proceeded to make a post-mortem examination, 30 hours after death. The muscles were perfectly relaxed, there was not the slightest “rigor mortis.” The whole surface was covered with petechial spots. On carefully opening the spinal canal, a clot of blood was discovered lying upon, and completely surrounding, the meninges of the cord, the clot extending from the sixth cervical to about the tenth dorsal vertebra. The meninges were much congested. On opening into the dura mater, a small quantity of serum exuded, not more than is usual in a state of health. There was no disease of the vertebræ.

Remarks.—This is a case of some interest, inasmuch as the symptoms during life did not indicate pressure on the spinal marrow. Cases of effusion of fluid blood between the dura and pia mater, are mentioned by Jescay ; he found, also, the vessels of the pia mater gorged with blood. He, however, considers these cases as the result of the rude use of the chisel and saw. The petechial spots, I have no doubt, existed early in the disease, but they escaped notice during life ; the other symptoms were so striking as to fix my attention exclusively ; however, they showed an evident hemorrhagic tendency. It would have been interesting to search further, but I was prevented by the parents, from whom I obtained permission with difficulty, to examine even the state of the spinal cord.—*Canada Medical Journal.*

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, APRIL 21, 1852.

Treatment of Varicose Veins.—An entirely new method is coming extensively into vogue, in England, in the management of enlarged veins of the lower limbs, that merits the attention of American surgeons. An India-rubber stocking is manufactured in Liverpool, expressly to meet this particular condition of the veins. It is a loose net-work, reaching to the knees, but which uniformly compresses the vessels, supports their outer wall, and yet gives no sensation of tightness, or otherwise any unpleasant feeling. We examined a gentleman, a few days since, who is habitually wearing one of these stockings, which he represented as a great comfort. Some years ago, Dr. Mott, of New York, operated on one of the largest veins, but with no particular benefit. Till the India-rubber stocking was drawn on, he was haunted with an apprehension of the possibility that some of the over-distended vessels might burst. This has been completely prevented by wearing this article, and fears of a contingency of that kind are now entirely gone. This pain and sense of weight, after being on foot through the business fatigues of the day, are not felt, and the patient urges upon sufferers from the same affliction, to procure the simple palliative of an India-rubber stocking.

Surgery and Surgical Ignorance.—At the request of the class, an introductory discourse, delivered at the Medical College of Ohio, by Dr. Mussey, the well-known professor of Surgery, has been published. It abounds with anecdotes of ignorant, presumptuous operators, interspersed with sage advice to those who will by and by have the field to themselves, and most readers will regret that the learned author did not pursue the subject much farther. The quotations from Ambrose Paré, an account of the composition of the *Mal Egyptiacum*, the stewing of puppies, and the like phantasies of the different epochs of surgery, will amuse, instruct and stimulate those into whose hands the pamphlet falls. Dr. Mussey is perfectly severe upon the homœopathists of Cincinnati, yet without using an ungentlemanly expression. Sugar-of-milk pellets are certainly harmless things in surgery. If they assist in healing a fractured bone, their efficacy has not been generally recognized. Dr. Mussey is a good operator, and from years of extensive experience has a right to speak with authority. One of the most cogent methods of improving a class of students, in teaching the principles of surgery, is to relate mistakes; the mind instantly discovers the right, when the wrong is shown. In this manner, to some extent, Dr. Mussey exhibited his familiarity with the duties of those who are set apart in the community for surgeons. We have been gratified with the lecture on account of its pleasant, agreeable, conversational style, the information it imparts, and, lastly, because it is the production of a highly-valued personal friend.

New York Journal of Pharmacy.—If this work is not well patronized by the host of druggists and apothecaries in the city of New York, a body quite numerous enough to sustain it without assistance from abroad, it

will be something very much against them. Three numbers have been published. There is no falling off in the second or third, but a perceptible increasing tact in the arrangement and choice of articles. Benjamin W. McCreedy, M.D., is the editor, assisted by a committee of five, which may be considered an unnecessary appendage, and will soon be found to work badly. One responsible man is enough for profit and convenience; two may operate pleasantly together, if they are naturally amiable and never disposed to be dictatorial; but five assistants for a monthly periodical of thirty-two pages, is ridiculous! Aside from the foregoing considerations, the work evinces care, thought, and high respectability. Long may it flourish and diffuse scientific knowledge.

Some months since, the idea was entertained, by the Massachusetts College of Pharmacy, of publishing papers, regularly, either in the Boston Medical and Surgical Journal, or in some other form. It should be carried into effect, since it would contribute largely towards giving the institution a name, and the influence abroad which it really merits.

Treatment of Deafness.—One of the latest efforts to restore to a deaf ear its original functions, consists in applying a cup that fits closely to the side of the head, round the outer ear, and exhausting it with an air-pump. A common cupping apparatus answers every purpose, provided the glass will fit so well as to prevent the ingress of atmospheric air under the edge. In a variety of cases, the simple process of carrying on this exhaustion till a new sensation is felt, something like extreme tension in the lining membrane of the meatus externus, is represented to restore the organ to its normal state. Under such circumstances the theory of the remedy is, that deafness results from an impoverished flow of cerumen, in consequence of the inertia of the excretory ducts; and by taking off the atmospheric pressure, their proper fluid oozes out upon the tube and instantly modifies the condition of the mechanism, exterior to the drum. Having thus been roused from a state of torpor and suspended activity, they continue afterwards to act with energy. If they subsequently fall partially back to their abnormal condition, the pump must be re-applied, as occasion may suggest. As there is no witchcraft about it, and almost every practitioner has a breast-pump or similar contrivance, by which an experiment could be made, and there being no hazard attending it, it may be worth a trial, and it is very possible that one out of a dozen cases might be essentially benefited by this simple operation.

Hydropathic Management of Children.—Messrs. Fowler and Wells have published a work on this subject. Typographically considered, it is a handsome volume, but beyond that there is little to say in the way of commendation. A treatise on the hydropathic management of children, in health and disease, is of but little service to those who are not accustomed to using water as an emetic, cathartic, blister, &c., or invariably prescribing it without reference to the character of the disease for which it is intended. Its external application is plainly understood, and the practice is venerable in every nursery in the country. Joel Shew, M.D., has given, in this book, a correct description of the symptoms of disease; but when each and all have a remedy in water, we honestly confess a want of confidence in it.

Death from Chloroform.—The following, from the New Haven Journal, contains a more minute account than we gave last week of the case of sudden death from chloroform in that city. The patient was inhaling it for an operation upon the teeth—Dr. Park being the dentist.

"She was allowed to inhale the chloroform, in very small quantity, for several minutes; and almost while she was saying she felt no effect from it, and was asking for its more free administration, the doctor noticed the pulse suddenly to fail. Within three or four minutes from the time this change was noticed, all signs of life were gone, and the most vigorous efforts to resuscitate the woman proved unavailing. The quantity of chloroform used, we understand, was much less than is commonly administered in surgical operations; and the operator is regarded as a skilful, judicious and prudent physician. At his request, a jury of inquest has been called to make a full and public investigation of the circumstances of this painful case. A number of witnesses were examined, who testified that but half a drachm of chloroform was used, which was applied by inhaling from a sponge moistened with it. It was administered at the earnest request of the patient, and hardly any perceptible effect had been produced upon her before she died. Drs. Knight, Foot, Hooker, Jewett, N. B. Ives, Tyler and Wheat testified that more than ordinary care had been used in administering the chloroform, and that they should not have anticipated any fatal result from it in a similar case. The verdict of the coroner's jury entirely exculpates Dr. Park from blame. Mrs. Norton was 21 years of age."

Effect of a West India Climate upon Northern Invalids.—Mr. N. P. Willis, writing to the Home Journal from Bermuda, March 31st, thus describes the effect upon invalids of a change from the bracing air of the North to the warm latitudes:

"The heat of these tropical seas is singularly debilitating. A sense of unsuppliable goneness is complained of by every one. For me, it has somewhat loosened my cough, but brain and limb seem saturated with utter helplessness. Food gives no strength, and sleep only seems to exhaust and weaken. What health is to be found in so prostrating a clime, I shall know, perhaps, when it has wrought its changes upon me—but for the present, I feel sailing towards an equator of inanity."

Compression of the Aorta in Faintness after Labor.—Dr. Wait, of St. Lawrence Co., N. Y., who some time since furnished an article for the Journal upon this subject, in a letter of recent date requests us to call the attention of the profession again to what he considers an important method of treatment. He says—"I fear the unpretending manner of recommending this measure as a remedy, in a former communication to the Journal, and by an obscure member of the profession, has failed to bring it into the notice its importance demands. A woman, in an adjoining county, lately died; of whom a letter states that she unexpectedly sunk and died immediately after giving birth to her fourth child. I had attended this woman in three accouchements. She fainted each time within an hour after the child was born. Compression of the aorta was the main remedy relied upon, and charmingly answered expectations till stimulants had time to operate."

The Portland Medico-Chirurgical Society.—This Society held its annual meeting at the usual place, on Tuesday evening, April 14. The President, Dr. C. H. Osgood, called the meeting to order; and after the minutes of the previous meeting had been read, the Society proceeded to the election of officers for the ensuing year. Dr. Osgood having declined a re-election, Dr. W. C. Robinson was balloted for and elected President; Dr. J. C. Weston, Vice President; Dr. H. T. Cummings, Secretary and Treasurer; Drs. S. B. Chase, S. S. Freeman and C. S. D. Fessenden, Censors. Dr. C. S. D. Fessenden was chosen to deliver the annual address before the Society on its next anniversary. Dr. George Fabyan was chosen to represent the Society at the next meeting of the American Medical Association.

The report of the Secretary was then read and accepted; after which, the Society listened to the annual address by Dr. Robinson, on the "Discouragements attending the Career of a Medical Man, more especially at the outset."

Voted, That the proceedings of this meeting be published in the Boston Medical and Surgical Journal.

H. T. CUMMINGS, Secretary.

Portland, April 15, 1852.

Resignation of Prof. John Bell.—Dr. Bell, the learned professor of Theory and Practice in the Medical College of Ohio, has resigned his chair, and returns to Philadelphia at the close of the present term. We regret to make this announcement; we had hoped that Dr. Bell had come to reside permanently among us. His ripe scholarship, profound medical learning, cultivated taste, and estimable social and moral qualities, render him an acquisition and an ornament to any society; and he will carry back with him to his former home the good wishes and regards of all whose acquaintance he has made during his brief sojourn in the West.—*Western (Louisville) Jour. of Medicine.*

Magnesia as an Antidote to Salts of Copper.—By M. ROUCHA.—M. Roucha has published in the "*Gazette Médicale de Strasbourg*" some observations which tend to prove—

1st, That calcined magnesia completely arrests the symptoms of poisoning by sulphate of copper, when it is administered sufficiently soon after the injection of the poison.

2d, That the dose of magnesia necessary to neutralize the effects of this salt of copper is at least eight parts of the antidote to one of the sulphate.

3d, That, as the magnesia behaves to other salts of copper as it does to the sulphate preceding the formation of a soluble copper compound in its presence, it is very probable that it will serve as an antidote to all the salts of copper.—*Journ. de Pharm. et de Chem.*

On the Employment of Belladonna in the Treatment of Fissures of the Anus.—By Dr. G. PEIRANO.—The author had first recourse to this method of treatment in a case in which all other means of relief had failed. Believing that the great obstacle to the cure lay in the spasmodic contractions of the sphincter, he was led to apply to the circumference of the anus, several times daily, a small quantity of an ointment prepared by mixing one and a half drachms of the extract of belladonna, with an ounce of axunge. In seventeen days the cure was complete. Several other cases had occurred, and confirmed his confidence in the remedy.—*Gazetta Medica Italiana.*

Suffolk District Medical Society.—At the annual meeting of this society on the 7th instant, the following officers for the ensuing year were elected: John Homans, M.D., President; Samuel Parkman, M.D., Vice President; H. W. Williams, M.D., Secretary; Nathaniel B. Shurtleff, M.D., Treasurer; William E. Coale, M.D., Librarian; Ephraim Buck, M.D., E. W. Blake, M.D., Supervisors.

Medical Convention.—A General Convention of the physicians of Virginia will be held in the city of Richmond, on Tuesday, April 27, "for the purpose of effecting a thorough organization of the profession, and for advancing the interests of medical men in the commonwealth."

Medical Miscellany.—A report is circulating that at the hospital of Santa Theresa, at Vienna, the surgeons are performing operations with a platina wire, heated intensely by a powerful electrical battery. The knife, it is supposed, is laid aside.—Smallpox has reached the northern section of Vermont, and in fact is spreading variously north and west. Why is not vaccination more general?—According to Quetelet, 22,472 children, in every 100,000, die within twelve months after birth, and more than two in every seven within the first two years.—A law is proposed in the legislature of New York, that no medicinal compound shall be sold in that State, after July next, without a printed label accompanying it, stating, in English, the articles, with the proportions of each, which compose it.—The annual quarantine commences at Philadelphia, April 22d. In a city of so much science, it is quite unaccountable that commerce should be embarrassed by such nonsense.—Mr. Palmer's wooden legs are in demand beyond his power to meet the orders.—Some new publications on medicine and connecting branches, will soon appear.—Dr. Jackson's proposition for a re-organization of the American Medical Association, is making advocates; but one of the officers of the institution will try to defeat any attempts at an alteration, says report.—The army hospital at San Antonio has been burnt up.—Cholera has appeared in Texas.—Ridiculous as it seems, a medical gentleman abroad advances the opinion that salt is the forbidden fruit. He is more insane on that point than the late Mr. Graham, who would have prohibited its use by statute law, it is presumed, if he could, such was his abomination of it.—A woman at Liege, it is said, has had 24 children in nine years, three at every accouchement, all of whom are girls!—The public health throughout Europe, is uniformly good. No epidemics, of a violent character, any where prevail at present.

TO CORRESPONDENTS.—Dr. Cross's case of Asphyxia from Carbonic Acid Gas has been received.

MARRIED.—At Woodstock, Vt., Dr. George Nichols, of Northfield, to Ellen Maria, daughter of Abijah Blake, Esq., of Vergennes.

DIED.—At Norfolk, 13th inst., Dr. N. C. Barbarino, Surgeon of the U. S. Naval Hospital at that station.

Deaths in Boston—for the week ending Saturday noon, April 16, 61.—Males, 35—females, 26. Abscess, 1—accidental, 1—apoplexy, 1—disease of brain, 3—consumption, 10—convulsions, 1—croup, 1—diarrhoea, 1—dropsy of brain, 4—epilepsy, 1—exposure, 1—scarlet fever, 2—hooping cough, 2—disease of heart, 3—infantile, 6—inflammation of lungs, 9—marasmus, 2—neuralgia, 1—old age, 1—pleurisy, 3—puerperal, 1—syphilis, 1—teething, 2—thrush, 1—unknown, 2.

Under 5 years, 23—between 5 and 20 years, 3—between 20 and 40 years, 16—between 40 and 60 years, 5—over 60 years, 4. Americans, 29; foreigners and children of foreigners, 32. The above includes 7 deaths at the City institutions.

A Case of Poisoning from the external application of the Coccus Indicus—Reported by WILLIAM B. THOMPSON, Sen. House Surgeon, Emigrant's Hospital, Ward's Island.—Bridget Maddon, aged 6, native of Ireland, blue eyes and fair complexion, was admitted into the surgical division, accompanied by a sister and brother, on the evening of Feb. 3d, 1852. Disease, porrigo of the scalp, infected with vermin.

The nurse was directed, after cutting the hair close, to wash their heads with an infusion of delphinia (the house prescription). Not having the article at the time, the apothecary sent an infusion of coccus indicus (used in the hospital for the same purpose), made by displacement—a pound to three gallons of dilute alcohol—six ounces of which was used for the three children.

Half an hour after its application, I was sent for to see Bridget, whom I found laboring under tetanic spasms, with the pupils contracted to their smallest diameter. As the spasm abated, the pupils became dilated to their fullest extent, and again contracting as the spasm returned. By touching the eyelids, the spasm could be produced at pleasure; this was repeated until all present became fully satisfied the difficulty was seated in the excito-motory system, and was the result of irritation rather than of inflammation. The case was treated as one of idiopathic tetanus—with counter-irritation, warm baths and antispasmodics; but the attacks continued to increase in frequency and force, until the patient sank, about midnight of the same day. A post-mortem examination was made of the body thirty hours after death. The viscera, brain, and its appendages, were minutely examined, and all found to be in a healthy condition. The nature of the case is confirmed by the younger sister, aged 4, being attacked in the same manner and exhibiting the same symptoms as she (Bridget) did. Being in the ward at the time, a warm bath was ordered, into which she was placed as soon as the first spasm was over; a mustard plaster was applied over the abdomen, and to the legs and feet as high as the knee; injections of the tincture of assafetida were thrown into the rectum, and a few drops administered by the mouth every hour. By persevering with these means, the spasms subsided gradually after a lapse of three hours from the commencement of the attack. On the morning of the 4th inst., the patient's body and arms were again covered with an eruption resembling scarlatina, which gradually faded away during the day.—*Philadelphia Medical Examiner*.

Pharmacy in Louisville.—Louisville is one of the medical and pharmaceutical centres of the great West. We are informed that the druggists and apothecaries of that city are on the eve of forming an association, also that the condition of the practice of pharmacy has very much advanced within a few years. To our brethren of Louisville, as to those of every American city, where associations do not exist, we would say: *Institute a Society*; the amount of private interests that will have to be surrendered will not amount to a tithe of the benefits accruing to the members when such associations acquire solidity, by a few years experience.—*American Journal of Pharmacy*.

Physiological Action of the Interosseous Muscles of the Hand.—M. Bouvier presented a dissected hand which showed that, according to the experiments of M. Dachenne, the interosseous muscles, instead of being attached only to the first phalanx, are prolonged to the second and third phalanges.—*London Medical Gazette*.

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OSSEOUS DEVELOPMENT AND NUTRITION, LESIONS THEREOF, WITH SOME SUGGESTIONS FOR THEIR MORE PERFECT CORRECTION.

BY GEO. J. ZIEGLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

As a knowledge of the materials and normal processes, or those from and by which nature originally constructs parts and organisms, is absolutely essential to the perfect comprehension of those deviations from the natural or healthy standard, which are so frequently occurring in the process of development, nutrition, and restoration of the tissues of the individuals of the animate world; and particularly, in consequence of their greater complexity, in that higher class of them, the animal, and man especially, and circumstances having directed my attention more particularly to one of these latter, viz., the osseous structure, I have been thus led, from a general consideration of its anatomical and physiological characteristics, its pathological aberrations, and the therapeutical measures usually employed for their rectification, to the conclusion that there are certain indispensable points and fundamental principles, generally overlooked or entirely neglected, in the endeavor to thus modify and correct such. And as it is desirable that all things promising in the least to the more successful accomplishment of these objects should be known, and believing it to be the duty of every man to present such things as may seem to him correct and practically useful; I have therefore concluded to place the few subjoined ideas upon the subject before the profession in their present crude form, especially as individual opportunities for testing practically, and sufficiently extensively, any particular views which may be ascertained, are comparatively limited. By the experience and observation, however, of many persons, a mass of testimony may be collected in a comparatively short space of time, sufficient either to demonstrate more fully the truth, and prove the value, or exhibit more clearly the deficiencies, of any peculiar views or practice advanced, which could not possibly be acquired or collected from personal observation and experience in the life time of a single individual; and hence, in consequence of individual opportunities being thus necessarily limited, the more frequent adoption of the course herein attempted of reasoning from known facts and principles, and endeavoring to deduce therefrom other principles practically applicable, would, it

is believed, not only more rapidly advance the interests of science generally, but more speedily and permanently secure the means essential to the prevention and correction of those numerous and frequently dangerous derangements incident to this existence ; some of those to be subsequently noticed being so exceedingly difficult to successfully remedy, as to defy all the present known methods of treatment. Therefore, as the more positive accomplishment of such objects still remains a desideratum of the highest importance, it is hoped that the desire to assist in supplying this will be considered an ample apology for the presentation of the following crude observations.

For the more perfect comprehension, therefore, of the peculiar organic deficiencies upon which the failures and deviations of the constructive, nutritive and restorative osseous processes depend, and the circumstances which often interfere with their regularity or entirely check and control them, it will be proper briefly to consider, first, the mode by which the osseous tissue is originally constructed ; secondly, that by which it is nourished ; and, thirdly, that by which it is restored. In the construction of this tissue there are, as is well known, three distinct stages, viz., first, the mucous or pulpy ; second, the cartilaginous ; and, third, the osseous. In the progress of the mutations essential to the perfection of the respective processes of conversion, the regularity and co-ordination of the stages, and finally the completion of the ossific structure, there are certain indispensable conditions and requirements necessary, and phenomena presented, a correct appreciation of which will doubtless afford an insight, and a knowledge of the causes of the imperfections and failures of the organizable and conservative efforts, and thus assist in pointing out the deficiencies of the present means and modes employed for correcting such aberrations, thereby disclosing more positively the measures to be adopted for the successful induction of the now too often inefficient, and abortive normal action.

For the perfection of this, as well as all other organic processes, and their incidental or necessary mutations, it is evident that there must be, first, material, possessing peculiar properties ; second, power to act on it ; third, stimulus or sustenance for the excitation and support of this power, &c. ; or, to resort to and continue the analogy of Dr. Ira Warren, which, by-the-by, is one that, in conversation, I have often drawn when illustrating the functions of organic and animal life, their differences, mutual relations and dependencies, viz., there is, and must be, first, the material or crude matter, in the form of earth or food, composed of certain elements and possessing peculiar properties rendering them susceptible of certain modifications ; these are prepared and worked up by the makers* on the one hand, and the nutritive organs on the other. Second, for these purposes it is necessary to presuppose the previous existence of these forces to mould and modify such materials into proper forms or states for further changes and more ultimate purposes. Third, the conveyance of such prepared material to its proper destination, or the point requiring construction or repair, by the usual physical modes on the one side, and the more immediately vital or physico-vital

* Brick-makers.

on the other, through the absorbents, general circulation and capillaries ; the greater tendency or flow, according to the exigencies of the case, being concentrated for that purpose. Fourth, the construction of the edifice, tissue or organism, in the appropriation and deposition of these materials, by the layers or cells. Fifth, the stimulating and sustaining power or force, by the usual physical and vital stimuli, and sometimes, when these efforts or processes become languid or inefficient from physical or vital inability, or otherwise, requiring augmentation, it is necessary to arouse and excite more efficient and additional effort by increased inducements or direct stimuli and improvement of the general vital energies, with greater concentration of material and action.

The more minute shades of resemblance between these physical and organic processes will be readily traced, the general outline being sufficient for our present purposes.

All of these minor processes are of course subservient to the accomplishment of the plan or projection of the original architect or designer, to a certain extent under the control or influence of the superintendent, or nervous system and vital force, which direct more especially the concentration and proportion of material and force required. In vegetables, however, in which there is no nervous system, construction and restoration are effected, also, through these physico-vital agencies and cell action, directly under the influence of the *vis vitæ*, according to the impulse and laws given and instituted by the great originator and designer.

This simile is merely brought forward to exhibit more conclusively the pertinency of the following observations ; and though the subject which it is intended to illustrate is somewhat trite, yet it is believed that the principles therein indicated, notwithstanding their full acknowledgment and recognition, are not extended sufficiently in their general application to the treatment of deranged organic action.

But, in continuation of the more special consideration of our subject, we will now cursorily glance at normal nutrition, leaving that of restoration for a subsequent period. In this the materials for nutrient purposes, and those for the completion of undeveloped tissues, are generally very abundant, the waste being greatly disproportionate to the supply, there being also a due proportion between the quantity of the animal and earthy matters respectively, according to the requirements and exigencies of the particular period of life, varying, as the demand for the greater or less proportion of one or the other preponderates. Thus it is well known, that in infancy the former is in proportionate greater abundance, not only for the more perfect extension and growth of the bones, by furnishing a plasma or bed into which the latter may be deposited, but also to supply the necessarily-increased demand for general nutrition and growth. As the osseous structure advances, however, towards completion, there is a more decided approximation, and closer equality, between its components and the supply and waste ; and subsequently, as age increases, the excess of the calcareous matter gradually becomes proportionately greater ; and in old age, in consequence of this abundance of the inorganic constituents, the bones become more consolidated and brittle, and necessarily more liable to fracture, because

they are not only deprived, to a certain extent, of the inter-cellular tissue, but also of the lubricating and nutrient oleaginous and gelatinous principles with which they have been so abundantly saturated and supplied.

These superficial and cursory notices of the normal mutations, are intended as a slight retrospect to enable us to arrive at a more definite comprehension of the deficiencies and derangements upon which the failures of the constructive, nutritive and restorative processes of the osseous structure depend; therefore it will now be in order and requisite, first, to consider these deficiencies and derangements, their character and complications; and, second, to endeavor to deduce therefrom the principles upon which they should be treated to prove successful.

To determine these more positively, it is obviously requisite to inquire into that general diathesis and special deficiencies of system, and peculiar circumstances, influencing the inception and regulating the intensity of the aberration from the normal standard.

The general diathesis is that in which the original physical conformation is imperfect or feeble, and the organic functions necessarily slow and of a low grade; or an acquired cachexia, with a deprivation of the higher qualities of the fluids, tissues, &c.

The special deficiencies may be stated in the following propositions; viz., first, there may be an insufficiency of plasma to supply the material for the mucous or pulpy deposition, out of which the cartilaginous structure is to be formed, and in which the osseous matter is to be deposited. Second, an abundance of the plasmatic material and deposit, but a failure of the cartilaginous change or modification, or privation of the second stage. Third, sufficiency of both the organic and inorganic materials, and perfection of the cartilaginous conversion, but a failure of calcareous deposition in the receptacle thus provided; or arrest in the second stage. Fourth, cartilagization perfect, but an insufficiency of calcareous matter; or privation of the final stage of ossification. Fifth, an insufficiency of both plasmatic and calcareous matter, hence imperfect effort at osseous organization, and consequently defective structure. Sixth, sufficiency of both plasma and lime, but unequal general distribution and power of appropriation, from irregular or depraved organic action, hence failure of construction of some general part of the system. Seventh, inefficient or irregular local capillary and cell action for the appropriation and deposition of these materials, thus causing circumscribed or limited deformities—as *spina bifida*, fissure of the palate, &c.

In addition, there may be irregularity, or the forcible arrest of the normal constructive and nutritive processes from the intercurrent of some general or local complicatory affection, such as fevers, scurvy, inflammation, &c.; or undue consumption, destruction, or absorption of either or both components during or after organization, from excessive, degenerate or depraved vital action, thus modifying the osseous structure and producing or resulting in such diseases as *rachitis*, *malacosteon*, *fragilitas ossium*, &c.

Therefore, if these propositions be considered as explanatory of the true state of things in the aberration of these processes, the indications

thus afforded for treatment are obvious ; viz., first, to supply the necessary material according to the deficiencies and requirements of the case ; second, the improvement of the general nutritive functions and vital energies, thereby promoting more effectually the equable distribution and appropriation of the requisite material ; third, the induction of the local circulatory and nervous afflux and excitation of cell action for the concentration of the deficient animal and earthy matters and the completion of the ossific structure, as in *spina bifida*, &c. ; fourth, the prevention, modification and rectification of abnormal deviations and intercurrent affections.

As the evidences of the deficiencies of the system are only palpably exhibited after birth, the treatment therefore must necessarily be instituted accordingly and subsequently to that period. In the natural state, it is well known that the lacteal secretion contains all the organic and inorganic principles essential to the growth and nutrition of the tissues and organs of the new being. In numerous instances, however, the child is not only badly organized in the first place to commence its existence, but the maternal fluid for its subsequent nourishment and increase is also imperfect, by the deprivation of several of its most important elements ; hence this congenital condition, which might have been to a certain extent corrected, thus becomes more strongly confirmed, and the child is necessarily subjected to those manifold evils attendant on, and connected with, such a diathesis and inefficient sustenance.

The general appearance of the infant more readily exhibits the deficiencies of the nitrogenous or organic principles than those of the inorganic, which are very frequently insufficient, yet the absence of the latter from the system may be discovered by a close scrutiny of the osseous system, and especially of those more external points usually prominent and indicative of the state of the internal and general development, viz., the cranial fontanels, though where suspicion has been excited analysis of the food will be positively demonstrative. Generally, however, the deficiencies of the earthy materials are not so evident to the senses until the child has arrived at that period in which dentition ordinarily occurs, and then if the eruption of the teeth should be very tardy, or when they do appear are imperfect in their structure, such evidences, especially if conjoined with others, are almost positive in favor of the privation of the inorganic elements, not only of these organs, but of the general economy.

If these evidences, however, should not be sufficiently distinctive or be entirely absent, which they may be from the irregular distribution and appropriation of the materials, others, though more obscure, would be displayed in the progressive development of the general osseous structure, indicated generally by the degree of activity and perfection of the instinctive prehensile and locomotive efforts peculiar to all children, though the failure of these also may be dependent on general debility, therefore are not so positive in their character as the former. Again, as age progresses through and past the period of first dentition and proceeds to that of the second, and during the whole period of this latter, which occupies a considerable part of the time and is coincident with the con-

tinuous development of the osseous tissue, additional external ocular and palpable signs are thus regularly presented, directly indicative of the condition and progress of the general osseous structure ; and if those more obscure ones peculiar to its deficiencies are also manifested, the evidence becomes highly conclusive. The condition of the texture of the teeth has, however, been so fully recognized and acknowledged as indicative of the state of the general health at the different periods in which they were developed and erupted, that its co-existing condition at such periods has been confidently predicated on the indications thus afforded by their appearance in after life, yet I am not aware that this has ever been specially considered as directly indicative of the co-existing state of the osseous system.

By a careful observation, therefore, of the local and general signs thus presented, highly useful information may be obtained respecting the development and nutrition of these concealed organic pillars and buttresses, upon and to which the other tissues and organs are so admirably suspended and so firmly attached, and thus the condition of this hidden structure and the progress which it is making in the different periods of life towards its final completion, may, *cæteris paribus*, be ascertained with great certainty.

For the more successful fulfilment of the indications, therefore, it is first requisite to ascertain the peculiar deficiencies, and in the one more particularly considered, in which there is a greater absence of the inorganic elements of the osseous structure, the principal constituent of which is phosphate of lime ; this latter should be given accordingly, and in connection with the usual albuminous and oleaginous ingredients of the food ; and if necessary, those corroborant measures ordinarily so efficient in improving the vital energies, might generally be sufficient for all practical purposes.

In those cases of imperfect or abortive local development, as fissure of the palate, spina bifida, &c., the completion or union might, it is believed, be generally effected, without the aid of the usual harsh operations, by the excitation and prolonged continuation around and therein of moderate irritation, thereby inviting an afflux of blood and nervous energy to the part sufficient to cause plasmatic effusion and increased cell activity for the construction of the cartilaginous base, administering at the same time the phosphate of lime for the promotion of the ultimate organization ; and if the general system should be in that state in which plasma could not readily and properly be supplied, preceding or in conjunction with it those substances which produce and increase this organizable principle would be necessary. There is very little doubt that this course would frequently be favorable, as it is directly in accordance with the principles upon which all treatment heretofore adopted has been successful, in which the general treatment has apparently been entirely neglected, thus necessarily assuming that sufficient material already existed in the system for the constructive purposes. It is only in consequence of this previous sufficiency that operations have at all succeeded, it then merely requiring the induction of the necessary local circulatory and nervous afflux and cell action for its concentration

and appropriation. But as these operations are often attended with uncertainty and great difficulty, and even danger, the latter especially in spina bifida, they are objectionable. Hence it is highly desirable that some more efficient and less dangerous method should be devised for the purpose; and in imitation of the gentle and uniform process of nature, it would be advisable to excite this local afflux and action by milder extraneous measures, such as irritant applications, or even the moderate approximation of the tissues, separately or conjoined; and at the same time, to secure the certainty of the supply of the necessary calcareous matter, as before indicated, to administer the phosphate of lime, and to promote the activity of the assimilative functions by the appropriate means—great care, however, being exercised in such cases as spina bifida, to cause very gradual local effusion of the animal and deposition of the earthy matter, as any sudden or extensive modification might prove as disastrous as that resulting from the means so ineffectually and often fatally resorted to at present. The progression of the deposition and construction would possibly cause the absorption of the fluid usually existing in the sac connected with this latter malformation; but to promote the union more effectually, it might be necessary gradually to remove it by the acupuncture.

In other cases there is a more general derangement of the constructive and nutritive osseous processes, there being not only a deficiency of the necessary materials, and the calcareous especially, but also a partial or extensive modification or removal of that which has already been organized, giving rise to those conditions more particularly included under the head of atrophy. Of this there are two principal divisions, viz., simple and complicated. In the first, the most prominent affection, exhibiting derangement of both development and nutrition, is that known as rickets, in which there is not only insufficient and often irregular primary deposit of the calcareous matter especially, and to some extent subsequent absorption, but certain other abnormal deviations not so apparent, all of which, however, are often corrected by a spontaneous change effected in the system, particularly at certain periods, as at puberty. Yet as there is always attendant on its continuance a modification and destruction of the symmetrical proportions of the organism, interfering materially with the subsequent functions and duties of life, and occasionally even rendering existence a burthen, it becomes important to prevent such evils. In the accomplishment of this, as the deficiency of the calcareous materials is the most strikingly observable, it is obviously requisite to supply that which is absent or destroyed; hence the exhibition of phosphate of lime is strongly indicated, not only for this purpose, but for its additional properties of increasing organic development and functional energy. Still, however, the mere introduction of this substance into the economy will not fully correct the derangement, although, as shown by Dr. Beneke, it will undoubtedly prove highly useful, as generally the inefficient or deranged organic action is the direct consequence of diseased influence, demonstrated by the fact that this disorder has been cured by those remedies which do not usually contain lime, but possess the power to modify and correct

abnormal action, and promote healthy nutrition, assimilation especially. As no single known remedy possesses these properties in a higher degree than cod-liver oil, it will be desirable to aid the action of the former by the conjoined influence of the latter. Therefore as the phosphate of lime separately has proved very beneficial, and the cod-liver oil of itself in some instances curative in this affection, it is reasonable and just to infer that their combined influence would be still more efficient if not certainly successful in the greater proportion of cases, especially as they both not only moderate and rectify diseased action, but supply and increase the essential materials, and at the same time greatly promote the necessary organic and cell action for their appropriation.

Other cases, again, present somewhat similar characteristics, in which there is, however, more evident diseased action and nutritive lesion, the loss of the earthy matter being both actual and relative, and the animal matter often modified, and more directly dependent on undue absorption or disproportionate consumption and waste after development, the type of these being strikingly exhibited in malacosteon. In them, the most prominent remedies are those above mentioned, and their exhibition would be especially indicated not only to prevent the undue destruction of the osseous matter, but to re-supply the materials necessary for its restoration, correct the deranged action and re-excite the healthy nutritive processes. And to promote more effectually the action of these, it may be requisite, in some instances, to aid still further by other means, such as tonics and alteratives, as iron, iodine ; or both combined, as iodide of iron, &c., in conjunction with those therapeutic and hygienic measures so essential to the ultimate success of every treatment.

These remarks are also applicable to those other conditions dependent very frequently, though not exclusively, upon some general diathesis so often resulting from congenital or acquired dyscrasia, a very conspicuous one of which is *fragilitas ossium*. In this the proportion of earthy matter is relatively increased, while the animal tissue is degenerated and destroyed, yet there may be, from interstitial absorption, a general and actual loss of both components. In the prevention and correction of these, it becomes necessary to act upon similar general principles ; but as it, in common with the others, is sometimes dependent on, or complicated with, a syphilitic or other cachexia, or a malignant tendency or degradation of system, it is, and they are, in consequence often less amenable to treatment, the ultimate success in all such affections being, of course, proportionate to their simple or complicated character. Yet, even in these latter, it is confidently believed that the course herein indicated promises to prove much more successful than any other at present practised.

Philadelphia, April 6th, 1852.

THE ETHER DISCOVERY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I perceive by the following paragraph in the Boston Daily Times, accredited to the Hartford Times, that the friends of Dr. Horace Wells still claim for him the ether discovery.

"A petition to Congress may be signed at F. A. Brown's, or E. T. Pease's, asking for justice to the wife of the true discoverer of ether or chloroform as a preventive of pain in surgical operations. Dr. Wells was, beyond all question, entitled to the honors and benefits of the discovery, and now that he is dead, others who learned from him should not be allowed to usurp his place, and reap the rich reward which belongs to his family."

The article which Dr. Horace Wells claimed to possess anæsthetic properties was *nitrous oxide*, commonly known as exhilarating gas, which Sir Humphrey Davy showed did not possess these qualities, some fifty years ago. Dr. Wells before his death wrote a letter, *doubting that ether possessed the properties claimed for it*. The letter was dated Hartford, Oct. 20, 1846, and was published in the Boston Medical and Surgical Journal April 28, 1847.

In the same Journal May 12, 1847, Dr. W. wrote.

"When I first administered the *nitrous oxide* for a surgical operation, I was astonished that the patient did not exert the muscular system, *as is generally the case* when taken merely for pleasure, and this proved to be the case in subsequent operations. (Signed) HORACE WELLS.

"Hartford, May 5, 1847."

There is other and abundant evidence, showing that Dr. Wells claimed nitrous oxide, and not ether, except as encroaching on his exhilarating gas.

In the London edition of the *Researches Chemical and Philosophical*, chiefly concerning nitrous oxide, by Humphrey Davy—published in the year 1800, page 464, Davy writes as follows: "During the last week in which I breathed it (nitrous oxide) uniformly, I imagined I had *increased sensibility of touch*; my fingers were pained by anything rough, and the toothache produced from slighter causes than usual. I was certainly more irritable, and felt more acutely from trifling circumstances." The claim of Dr. Wells is therefore simply ridiculous, and was very properly thrown out, on examination of his evidence both by the recent committee of Congress, and that of 1849, and likewise by the French Academy of Arts and Sciences. The two articles are entirely distinct in their elements and properties; the ether or oxide of ethyle producing in its pure state (not in the unsafe mixture called chloroform, which often produces asphyxia), insensibility to pain without danger to the patient. The nitrous oxide, or a compound of oxygen and nitrogen gases, in the proportion of an atom of each (see Fowne's Chemistry, page 105), produces intoxication or exhilaration but not nervous insensibility. From the "*Comptes Rendus de l'Academie des Sciences*," vol. xxiv., page 373, 1847, at the Session of Monday, March 1st, 1847, it appears that the letter of Dr. Horace Wells, of Hartford, Ct., was placed before the Academy, and was disposed of. The following language was made use of *after* Dr. Jackson and Mr. Morton's claims were before the Academy. "Guidé par diverses considerations, et entre autres, par celles que suggire l'observation des individus enivrés au moyen des liqueurs alcooliques, je commençai des le mois de Novembre, 1844, à

faire des expériences sur moi même. Après inhalé le gaz (protoxide d'azote) et le vapeur d'éther sulphurique, je ne tardai pas à me convaincre que ces deux substances produisaient des effets identiques sur l'économie animale." I translate as follows—"Guided by various considerations, and among others by those suggested by the observation of individuals intoxicated by means of alcoholic liquors, I commenced from the month of November, 1844, to make experiments upon myself. After inhaling the gas (protoxide of nitrogen), exhilarating gas, and the vapor of sulphuric ether, I was not slow in convincing myself that these two substances produced identical effects on the animal economy."

Davy's account, given above, of the effects of exhilarating gas, is a sufficient refutation of this statement. The letter goes on to state as follows—"Jusqu'au mois de Fevrier, 1845, je pratiquai l'avulsion des dents à vingt-cinq malades sans qu'ils ressentissent de douleur, toutefois je fis surtout usage du gaz protoxyde d'azote, comme c'étant plus agréable à respirer que l'éther. La decouverte que j'ai faite ne consiste donc pas uniquement dans l'emploi de l'inhalation de l'éther, mais dans le principe même qui établit la possibilité de la production d'état d'insensibilité, par l'usage de divers agens, tel que gaz protoxide d'azote, vapeur d'éther sulphurique, &c. Je produirai incessamment toutes les pièces qui etablissent, d'une maniere irrécusable, que cette decouverte m'est due." I translate as follows—"Up to the month of February, 1845, I extracted the teeth of twenty-five patients without their feeling pain. I *always* made use of the gas protoxide of nitrogen (exhilarating gas), as being more agreeable to breathe than ether. The discovery which I have made does not alone consist in the employment of the inhalation of ether, but in the principle itself; which established the *possibility* of the production of insensibility by the use of various agents, such as the protoxide of nitrogen, vapor of sulphuric ether, &c. I will soon produce the documents which establish, in an undisputable manner, that this discovery is due to me.

"M. le Secretaire ajoute que c'est seulement lorsque M. Wells aura produit les pièces qu'il annonce, que sa réclamation pourra être soumise à l'examen d'une commission."

Mr. Secretary adds that it is only when Mr. Wells shall have produced the documents spoken of, that his claims could be examined by a commission.

The documents were afterwards produced, and the Academy decided that the nitrous oxide would not produce the effects alleged; which Mr. Wells also proved himself, both in New York and Boston.

After the remarks of the Secretary, the *savant* M. Elie de Beaumont, now a French Senator and member of the Council of State, and also of the Academy, remarked to that body as follows: "M. Elie de Beaumont fait remarquer que la date déjà éloignée à laquelle remonte la réclamation tendroit à elle seule à en diminuer la valeur, du moins au point de vue des applications à la chirurgie. En effet, de 1844 à la fin de 1846, il s'est écoulé deux ans; pendant ce laps de temps, aucun chirurgien n'a appelé la vapeur d'éther à son aide; tandis que, dans les quatre mois que se sont écoulés depuis le mois de Novembre, 1846

époque à laquelle M. Jackson a commencé à s'occuper de l'application de son heureuse idée, des opérations ont été exécutées, sous l'influence de l'étherization, dans toutes les parties du monde civilisé. *Le véritable bienfaiteur de l'humanité* paraît être ici bien évidemment celui qui, le premier, a engagé un dentiste à assoyer d'extraire une dent à une personne placée sous l'influence de l'état particulier que produit l'inhalation de la vapeur d'éther."

I translate as follows—M. Elie de Beaumont remarked that the distant date to which this reclamation extends, would tend in itself to diminish the value, at least as regards its application to surgery; from 1844 to the end of 1846, two years have passed, during which lapse of time no surgeon has called the vapor of ether to his assistance, while in the *four months* which have passed since the month of November, 1846, the epoch at which M. Jackson commenced to occupy himself with *his* happy idea, operations have been performed under the influence of etherization in all parts of the civilized world. *The true benefactor of humanity* appears here to be very evidently he who first engaged a dentist to attempt the extraction of a tooth from a person placed under the peculiar influence which is produced by the inhalation of ether.

The Journal of Agriculture of the 7th inst., published in this city, and edited by Prof. Mapes, Wm. S. King, and A. W. Dodge, holds the following language. "We hear with astonishment, that a Committee of the House of Representatives have reported in favor of allowing Dr. W. T. G. Morton, of Boston, a 'consideration' of \$100,000 for his services in discovering the power of sulphuric hydric ether to render the human frame insensible to pain. To Massachusetts men, to the whole scientific world, and to the 'rest of mankind,' who know the standing and character of Charles T. Jackson, who claims to have made this discovery in 1842, and to have mentioned it to Drs. Channing and Bemis of Boston, who also swear to the same fact, the announcement appeared incredible; it seemed too truly ridiculous to be true. We sincerely hope the members of Congress will not stultify themselves by passing any such act, or making any such grant, as the one rumored and referred to. Dr. Jackson's fame belongs to his country, and is recognized by the civilized world; let then our country's guardians pause ere they stain a name that does honor to the land of his birth. In private life, also, Dr. Jackson has ever sustained a character above reproach; and of Dr. Morton we know nothing. It is, therefore, becoming in men to pause, before they attempt to fasten upon such a man as Dr. Jackson, the charge of pretending to an honor to which he had no right."

I will simply add that the claims of Dr. Charles T. Jackson, of this city, to this discovery, is sustained in a remonstrance to Congress against Morton's claims, signed by 145 of the first physicians and surgeons of Boston and vicinity, including a majority of the physicians and surgeons of the Massachusetts General Hospital, setting forth that the signers "believe, and ever have believed, that Dr. Jackson is the sole and veritable discoverer, and that any merit in others consists in taking the discovery after it was made by him, and subjecting it to additional employment."

H. A. H.

Boston, April, 1852.

ASPHYXIA FROM CARBONIC ACID GAS.

BY E. C. CROSS M.D., GUILFORD CENTRE, VT.

[Communicated for the Boston Medical and Surgical Journal.]

WAS called Oct. 28th, hastily, to visit Miss E. S., a young lady of 17 years, who resided not more than 40 rods distant from my office. Found the room filled with neighbors, the windows raised, doors open, a vessel of burning charcoal in the room, and the patient insensible, breathless and pulseless. I immediately applied my ear to the chest, but could not detect any sound over the region of the heart or from the lungs; eyes partly closed, lips colorless, countenance cadaverous. In answer to my inquiries, I was informed that, since cold weather commenced, this young lady had often carried a kettle of burning charcoal to her room to keep it warm, taking the precaution to ventilate the room by raising one window two or three inches; that upon the present occasion, after conversing with a friend, who had called for an indefinite time, whilst stooping for something she had dropped, she fell insensible upon the floor, some ten or fifteen minutes previous to my seeing her. The neighbors immediately ran in and commenced sprinkling water in her face, &c.

The general appearance of the patient indicated her case to be hopeless, as those present said "she was already dead." Yet she was immediately placed upon a bed, a pair of common bellows were used to inflate the lungs, whilst one assistant proceeded to disrobe the upper part of the body, another to apply cold water to the chest, two others to apply friction smartly to the body, whilst I attempted to expel the air from her lungs by working her chest with my hands, endeavoring to establish artificial respiration. Our efforts were continued without remission for full one hour, when there was an effort at inspiration for the first time. Nearly another hour was passed in the same manner, and another effort to inspire was made; the eyes closed, and the lips soon became slightly tinged with red, and a slight pulsation could be felt over the carotid artery, but none at the temple or wrist. Gradually the eyes partly opened, the lips became colorless, the pulsation in the neck ceased, and we began to think "all was over." Our efforts to produce artificial respiration, the friction, and the application of ice cold water, were continued without interruption for full $3\frac{1}{2}$ hours from the commencement, ere the third effort was made to breathe on the part of the patient; nor was there any other encouragement of success, during that time, than such as is named above. The patient now showed signs of returning animation. There was soon a motion in the arteries, occasional involuntary respiration, sighs, color gradually returned to the lips, &c.

In about six hours from the commencement we were enabled to discontinue our labors, the patient constantly catching for breath and groaning. She was gradually restored to consciousness and was left in charge of her friends, with a good prospect of convalescing.

Oct. 29th, about 10 hours afterwards, I found the patient with a small pulse, and 140 per minute, a cadaverous look, furred tongue,

troubled expression, and still catching for breath, with severe constriction across the chest. Prescribed a gentle laxative, with the occasional use of chloric ether and spr. lavender. In about two weeks she was convalescent.

The room in which this patient sat was very tight, and a window was raised a few inches below her head, so that she and her friend sat with impunity in an atmosphere of carbonic acid gas up to their very necks, until in stooping she immersed her head in the poison and became asphyxied. Probably the gas filled the room as high as the opened window, and, finding an outlet, went out upon the ground below. Her companion immediately opening the door, instead of stooping to raise the patient, probably saved both from death. I have seen one other case of poisoning from the same substance, the details of which would be less interesting than the above.

COMPOUND FLUID EXTRACT OF SENNA AND DANDELION.

BY EUGENE DUPUY, PHARMACEUTIST, NEW YORK CITY.

Senna (official),	-	-	-	-	-	-	two pounds.
Torrefied dandelion root	-	-	-	-	-	-	one pound.
Chamomile,	-	-	-	-	-	-	quarter of a pound.
Sugar,	-	-	-	-	-	-	twenty ounces.
Carbonate of potash or soda,	-	-	-	-	-	-	one ounce.
Oil of gaultheria,	-	-	-	-	-	-	half a drachm.
Alcohol,	-	-	-	-	-	-	two ounces.
Water,	-	-	-	-	-	-	half a gallon.

Mix the dry plants, previously reduced to a coarse powder, with the water holding the alkaline carbonate in solution; let the mixture stand twelve hours; introduce it in a percolator, and gradually pour in water until a gallon of liquid shall have passed; evaporate it to twenty ounces by means of a water bath, then add the sugar, filter, and make the addition of the alcoholic solution of gaultheria when cold. By following this process, I believe that a kind of saponification takes place, which allows of the more ready solution of the active principle of the senna in the aqueous vehicle, probably because chlorophyll being united to a dried essential oil, participating in the properties of resins, is rendered soluble, and the extractive portion being denuded of its resinoid covering, is more readily extracted by the percolating liquid. I make use of a percolator possessed of a convenient hydraulic power; it has rendered readily, within thirty hours, a highly saturated liquid, containing in a gallon all the soluble principles of this extract. Ordinary percolators will answer also; but the ingredients needing to be more loosely packed, do not yield so fully or so readily. The addition of torrefied dandelion root is intended to give to this fluid extract some greater value on account of its peculiar action on the hepatic system. I employ in preference the German chamomile (*Camomila vulgaris*), because of its pleasant aroma and its carminative properties, joined to a bitter principle, which seems to increase the purgative effect of the senna.

This extract has become a favorite anti-bilious purgative with many of our practitioners, who, some of them at least, have used it with success with children, who can take it readily, as well as for adults, where an anti-bilious purgative is desirable, seldom producing pain or nausea, and not liable to produce constipation.—*New York Jour. of Pharmacy.*

CASE OF MECHANICAL OBSTRUCTION OF THE BOWELS.

BY J. B. GARDEN, M.D., WYLLIESBURG, VA.

THE novelty of the following case I hope will be sufficient apology for insertion in your periodical, and at the same time it may institute a more minute search after mechanical causes in constipation than is generally supposed to exist.

October 7th.—I was requested to visit a negro man, aged about 25 years, who had been for five days laboring under the ordinary symptoms of epidemic dysentery. Tormina and tenesmus, with scanty discharges of a mucous character, sometimes tinged with blood, frequent inclination to stool, thirst, loss of appetite, and other symptoms indicating a febrile state of the system. There was no vomiting or nausea throughout the whole course of the disease.

These symptoms persisted with little or no abatement until the tenth day of his illness, with entire constipation up to this time, in despite of all our endeavors to produce a discharge from the intestinal canal. Strangury was a symptom in his case which we witnessed in almost all the bad cases of the epidemic of this summer and fall. It was promptly relieved by the warm bath and an anodyne administered about fifteen minutes before entering the bath.

We commenced our treatment by the administration of a purgative we are in the habit of using in dysentery—a combination of castor oil, solution of carbonate of potash, tinct. opium and the essence of peppermint—for several days. This seemed to have no effect on the peristaltic action of the bowels, and more active purgatives were substituted, placing our chief reliance on the specification of mercury, in the dose of three grains of calomel united with one grain of opium every three hours. This treatment we concluded to persevere in, whatever other medication might be thought advisable, until ptyalism was induced. Injections of the solution of nitrate of silver were freely used to allay irritability of the lower bowel, and prevent disorganization of the mucous membrane, as the frequent discharges indicated a highly irritated state of that organ, being fluid, of a dark appearance and very offensive odor.

Cathartic enemata, warm bath, frictions over the abdomen and cathartic medicines by the mouth had no other perceptible effect than to allay the tormina and tenesmus for a while, and produce loud roarings and flatulence. Obstruction of the bowels from some mechanical cause evidently gave rise to the great distress and sufferings of our patient, for which we sought in vain, until it was deemed necessary to distend them with warm water. This was accordingly attempted on the fifth day of our attendance, but the obstacle which prevented the passage

of the feces downwards, and of the rectum tube upwards, lay about two inches from the verge of the anus. The rectum with its pouches was enormously distended with about a pint of water-melon seeds. It gave rise to such excruciating pain on endeavoring to dislodge them by the gentlest means, that we abandoned all hope of giving our patient relief without the anæsthetic agency of chloroform.

12th. Assisted by my father, Dr. T. J. Garden, who now saw him for the first time, I proceeded to administer chloroform, and in about five minutes profound anæsthesia was induced. The quantity used was near 3 iij. The rectum was then readily evacuated of its burden with entire relief to the patient, and free vent given to the hardened scybala which had been so long impacted in the colon. The inflammation which followed was readily overcome by appropriate treatment, and the case was dismissed in a few days as convalescent.—*The Stethoscope and Virginia Medical Gazette.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 23, 1852.

Medical Society of New York Transactions.—In the Empire State, the general Medical Society sends forth an annual report of its transactions, of a voluminous character, which, contrary to the usage in other places, is published by the State. It is a regular communication, addressed to the Speaker of the Assembly, and of course it is published as a State document. This course relieves the members of the Medical Society from taxing their own pockets; and though it costs the people a round sum, no one feels it, and consequently it is an excellent arrangement. A variety of instructive matter is interspersed through the 160 octavo pages of the present number, which is creditable to the sources from which it emanates. Dr. Armsby's address before the Albany County Society is published at length, embracing a succinct history of French and English hospitals. It would seem that the Society does with less money than corporate bodies ordinarily spend. It must be that the members pay for their own dinners at the annual meeting. It appears from a table of figures, that the income of the Society was only \$83,00 in 1851, out of which a moiety has been expended, leaving in the treasurer's hands, \$74,27. A voluntary subscription prize fund was raised, honorable to the enterprise of the County Societies. The following resolution was passed—

“Whereas, there is reason to believe that typhus or typhoid fever of a contagious and fatal character has in many cases been diffused over various parts of the State by the emigrants, and by their foul clothing, therefore:

“Resolved, that the Hon. the Legislature be requested to take effectual measures for the prevention of this evil, especially for the thorough purification of the clothing of the sick, and of others arriving from emigrant vessels.”

Veterinary Medicine.—Some progress is making in Boston, in this important branch of business. Gentlemen of education do not think it

beneath them to study the diseases of animals. All will allow that it is an eminently humane pursuit; and when veterinary practice is based on scientific principles, it becomes at once a dignified profession. Mr. Wood, the writer of an article two weeks since, has favored the Journal with another on scarlatina of the horse, drawn up with peculiar care. It evinces a thorough familiarity with the anatomy of that noble animal, and the diseases to which he is incident.

Medical College of South Carolina.—The large attendance of students during the past lecture season, at this College, must have been gratifying to the Faculty, who are an able body of instructors, and have succeeded in raising the reputation of the institution to a commanding position. Two hundred and twelve students indicate a flourishing state and a growing renown. Prof. Agassiz's name appears as a permanent member of the Faculty, in the chair of Comparative Anatomy, with the distinct understanding that the expenses of the student are not to be increased by the addition. One hundred and three were graduated recently with the degree of doctor of medicine. The premium of a silver cup was awarded to Dr. T. Gaillard Thomas, of Charleston, for an excellent paper on cod-liver oil. Prof. Agassiz was complimented by the class. From the stress laid on the value of the study of comparative anatomy, in the circular of the college, it may be hoped that this too-much-neglected science is destined to be held in better estimation for the future, especially in that school. Prof. Agassiz states that he has decided to complete a work—a text-book of Comparative Anatomy—for the use of American students.

Improved Syringes.—A medical practitioner, of Boston, has devised an improvement upon the various kinds of syringes, that is said to be of peculiar value, the particulars of which will at a proper time be given by the inventor. He is confident that a principle of great utility has been applied, and a considerable outlay of capital has been made in the construction of machinery, and the preparations for manufacturing extensively. Druggists know very well that the annual sales of these simple instruments, even in a single city, amount to a vast sum. The idea, therefore, of supplying every market, even to the West India islands and California, pre-supposes enterprise and energy, independent of money.

Prosecuting Surgeons.—Massachusetts is in a fair way of taking the lead in the persecution of surgeons. The State of New York, greatly distinguished in that way, will soon be lost sight of in the more active career of this ancient commonwealth. One case after another shows that the best operators in New England expose themselves to the hazard of a vexatious lawsuit, in every instance where the case is not in all respects satisfactory to the patient and his friends.

The last trial for mal-practice occurred at Greenfield. The defendant, a practitioner of surgery at Northfield, Mass., was prosecuted for alleged unskilfulness and negligence in the treatment of the plaintiff's broken arm. The damages were laid at the moderate sum of \$4,000! From all we can gather, there was a well-grounded hope of recovering enough of the surgeon, to make himself and family comfortable for the remainder of life, but by the good sense of the jury, the plaintiff recovered but *one dollar*.

In all the previous trials, the juries have seemed to act with a determination to cripple the profession. Why this feeling should exist in the community, has not been explained. Some of the most worthless men in the State, who have been kindly and skilfully attended, who neither had the means of paying, or the moral honesty to do so if they had, in repeated instances have made a fractured bone the stepping-stone to personal independence, without the least regard to the fair fame of their medical attendants. Dr. Stratton, in the instance alluded to, fortunately has not apparently suffered in his property beyond the expenses of a defence. It is impossible to predict whose turn may come next; but this much is certain, there is a cherished disposition among certain classes of persons to ruin every surgical practitioner, if possible, by seizing his property. A pretext of mal-practice enables them to lay an attachment, and by the protracted method of conducting legal investigations in New England, the paying of witnesses, counsel, giving attendance on courts, loss of time from business, and innumerable personal expenses growing out of an unrighteous suit at law, the ruin of the defendant's professional influence generally follows, even if his last dollar is not taken.

American Medical Association.—Notwithstanding the delay in publishing the names of delegates and the action of associations throughout the country in regard to the ensuing meeting, it is gratifying to believe that a proper degree of enthusiasm is exhibited by gentlemen of the profession generally, which we hope will ensure a full attendance. Richmond is an accessible point, the inhabitants are hospitable, and the softness of a May morning in that part of Virginia will almost make some of the extreme northern members envious. Whatever may be communicated by attending members, during the session, to apprise those remaining at home of the progress of the Association, will be inserted in our pages, and read with interest. Some excellent reports are preparing, and it is safe to predict that the transactions of this medical congress will demonstrate the progress of medical science in America.

Deaths by Chloroform.—Practitioners should either resort to pure sulphuric ether or chloric ether, according to the opinion of Dr. Hayes, the chemist. The tincture of chloroform is *the* dangerous article. It is said that one of the purest agents for anæsthetic purposes is manufactured by Messrs. Philbrick, Carpenter & Co., Washington street, Boston. Dr. Warren speaks highly of it.

Three Female Breasts.—A lady, belonging to Bangor, Me., assures us that a neighbor of hers has three well-developed mammæ—and further, that while rearing her children, they were nursed, indifferently, on all three. The extra organ is located on the line between the two natural ones, over the point of the sternum. As this is an unusual anomaly, perhaps some of the physicians in that city will favor the Journal with the particulars.

Comparative Value of Cod-liver Oil, and Fish Oil mixed with Iodine.—Dr. Champouillon, professor at the Army Medical School of Val de Grace, has just laid before the Academy of Medicine the result of the

comparative experiments he has made upon phthysical patients with cod-liver oil, and simple fish oil mixed with iodine. Dr. Champouillon gave the cod-liver oil to 120 patients laboring under phthisis. Fifty one were in the first stage; and of these, twenty-four were benefited, and none died. Thirty-seven were in the second stage; of these, nine recovered, and three died. Fourteen were in the third stage; and here six recoveries and four deaths took place. The author gave the iodated oil to seventy-five patients in different stages of phthisis: no improvement took place in any case, and in several it was noticed that the remedy did harm.

Bristol District Medical Society.—The annual meeting of the Bristol District Medical Society was held at Taunton, March 10, the Vice President, Dr. Hatch, in the chair.

A communication from Dr. Gardner, President of the Society, was read, declining a re-election.

A committee of three were chosen to nominate officers for the ensuing year, who afterwards reported the names of the following gentlemen, who were unanimously elected:

President, Dr. Caleb Swan, of Easton. *Vice President*, Dr. Joseph H. Hatch, of Attleborough. *Secretary and Treasurer*, Thaddeus Phelps, of Attleboro'. *Librarians*, Phineas Savery, Attleboro'; James B. Dean, Taunton. *Counsellors*, Benoni Carpenter, Pawtucket; Ira Sampson, North Dighton; Charles Howe, Squawbetty. *Censors*, Phineas Savery, Attleboro'; M. R. Randall, Rehoboth; Dan King, James B. Dean and J. D. Nichols, Taunton.

A communication was received and read, from the Suffolk District Society, in relation to the *Jenner Monument*. *Voted*, that it be laid upon the table, as the communication was not received until too late for action.

Voted, to elect three delegates to represent this Society in the National Convention, to be held in Richmond, Va., in May next. Drs. Johnson Gardner, of Vue de l'Eau, Caleb Swan, of South Easton, and Benoni Carpenter, of Pawtucket, were chosen.

At 11½ o'clock, Dr. M. R. Randall, of Rehoboth, read the annual address. Subject, "*Quackery*."

Voted, that the thanks of the Society be given to Dr. Randall, for his able, interesting and truthful address.

Dr. Howe offered the following resolution, which was unanimously adopted:

Resolved, that it is the duty of the members of this Society to oppose, in all honorable and proper ways, every detached system of practice of medicine, and that if there are now any belonging to the Society who cannot conscientiously do this, it is their duty to withdraw.

Dr. B. Carpenter offered the following resolution, which was adopted:

Resolved, that a Committee of three be appointed to form a code of Medical Ethics, and report at the next meeting of this Society.

Drs. B. Carpenter, Swan and Howe were chosen that Committee.

Question for discussion at the next meeting:—"Is Vaccination as sure a preventive of Smallpox, now, as it was twenty years ago?"

Dr. Savery, of Attleboro', was appointed to read the dissertation at the next meeting. Dr. Swan, substitute.

Use of Diluted Pyroligneous Acid as a Gargle.—Prof. Evans, of Rush Medical College, Chicago, writes as follows, in the North Western

Medical Journal. "I have for several years been using diluted pyro-ligneous acid as a gargle in cases of inflammation of the fauces and tonsils with better success than any other article that I have prescribed. I put a teaspoonful of the acid obtained from the shops into a wine-glass of water, and directed the patient to gargle the throat frequently with it.

"In the sore throat caused by exposure, so common throughout the country, it generally relieves the soreness and stiffness felt in swallowing very promptly.

"In chronic inflammation, with or without ulceration of the throat, I have found it a very valuable remedy.

"In the sore throat of scarlatina it has generally afforded a very prompt amelioration of this symptom of the disease.

"In several cases of habitual tonsillitis, by using this gargle freely at the commencement of the disease, I have been able to arrest the progress of the inflammation and secure a resolution.

"Its use is not unpleasant; it is safe, even if used for hours continuously, and has an additional advantage in removing the fœtor from the breath."

Medical Miscellany.—A thorn has been extracted from an elderly lady's elbow, at Covington, Ky., which had been there 35 years.—The quantity of opium for home consumption, in the United States, in 1850, was 42,334 lbs.; and in 1851, 50,368 lbs. Its use is vastly increasing. Very many, not suspected, are in the daily use of it. Ladies are reputed to be large consumers, as they are also of chloroform.—Mrs. Huldah Sparling died recently at Oswego, N. Y., at the age of 110.—Dr. Noble, of Port Huron, Michigan, in writing to a medical gentleman of Boston, mentions incidentally that he lost his wife two years ago, from inhalation of chloroform. Mrs. Elizabeth Eaton recently died in Georgia, from the same cause, in child-bed.—Dr. Durfee, of Fall River, has been prosecuted for slander, and damages laid at \$20,000, say the papers.—Dr. O. H. Taylor, of Camden, is president of the New Jersey Medical Society.—Some of the papers state that 484 medical students were graduated at Philadelphia the present season. Half that number would be sufficiently alarming to those already in business.—Yellow fever is again raging at Rio Janeiro.

ERRATUM.—In last week's Journal, page 239, line 20, the word "reasons" should have been printed *answers*. Subscribers are requested to make the alteration with a pen in their copies.

TO CORRESPONDENTS.—The following papers are on hand:—Toxicological Applications of Nitrous Oxide; Carbo-Ligni as a Therapeutic Agent; Scarlatina in the Horse; Case of Tape-Worm.

DIED.—At Salisbury, Conn., Dr. Ashbel Humphrey, 72.—At Petersburg, Va., Dr. Durken, a distinguished physician.

Deaths in Boston—for the week ending Saturday noon, April 24, 70.—Males, 30—females, 40. Disease of bowels, 1—inflammation of bowels, 1—consumption, 18—convulsions, 3—catarrh, 1—croup, 6—dysentery, 1—dropsy, 1—dropsy of brain, 2—drowned, 1—erysipelas, 1—exhaustion, 1—typhus fever, 2—typhoid fever, 2—scarlet fever, 3—hooping cough, 2—infantile, 3—disease of liver, 1—inflammation of lungs, 3—congestion of lungs, 1—marasmus, 2—measles, 2—palsy, 1—puerperal, 1—pleurisy, 1—rheumatism, 2—disease of spine, 1—teething, 3—smallpox, 1. Under 5 years, 31—between 5 and 20 years, 8—between 20 and 40 years, 19—between 40 and 60 years, 10—over 60 years, 2. Americans, 26; foreigners and children of foreigners, 44. The above includes 5 deaths at the City institutions.

Charcoal Cushions for Deodorization.—A. S.—, a patient under my care in the Hackney Union Infirmary, has for some time “passed every thing under her,” and thereby become a nuisance and cause of complaint to the other patients in the ward. Eleven days ago, I adopted the plan of placing beneath her a calico bag two feet square, partially filled with Irish peat-charcoal, so as to form a sort of cushion and absorbing medium. It has had the happy effect—which continues even now, without any necessity for changing the charcoal—of completely neutralizing all unpleasant odor; and if the bed becomes partially wet, all the offensive ingredients are absorbed and neutralized by the charcoal, which thus is a most simple means of remedying a great nuisance, and one that requires the most strict attention at best to prevent; and that attention is often difficult, and always expensive, to procure. In cases of incontinence of urine particularly, and indeed all attended with fœtid discharges, cancer, compound fractures, &c., this plan, or some modification of it, might be adopted with advantage. I have been informed that some of the same material has been placed in the urinals of the South-Western Railway, with equally good results, in the prevention of unpleasant odor; and that even after it has been unchanged for some weeks, the fluid that percolates has been found, by chemical analysis, to contain little or no trace of the organic or saline products of urine. The fact induced me to try it as above. An argument in favor of its adoption in hospitals and lunatic asylums is, that the peat, after its deodorizing properties are exhausted, becomes more valuable for the purpose of manure, so that its use is without expense.—*Mr. Howell, in London Lancet and Dublin Medical Press.*

Compression of the Carotid Artery for the Relief of Pain in the Trunk or Limbs.—Dr. Turck, of Plombières, has published in the *Revue Médico-Chirurgicale* a series of cases where great relief was obtained by compressing, for a longer or shorter time, one or both carotids (or rather pneumogastric nerves). Severe colic, without diarrhœa, of fifteen years’ standing, incipient phthisis, gastralgia, sciatica, &c. &c., were temporarily benefited by this compression. Dr. Turck was induced to try this peculiar therapeutical means, as it had, according to Parry, Liston, Preston, in England, and Bland, Tronssseau, &c. &c., in France, rendered good service in facial neuralgia.—*London Lancet.*

Oil of Pitch in Eczema.—The French medical periodicals have of late spoken very highly of the efficacy of the oil of pitch (*huile de Cade*) in the treatment of eczema. Indeed, M. Devergie, physician to the “*Hopital St. Louis*” where diseases of the skin are especially treated, advocated the oil several years ago, and has lately taken an opportunity of stating that this “*huile de Cade*” should be preferred to the empyreumatic oil obtained in the production of coal-gas, which has been highly enlogized by M. Lafond Gouzi. Dr. Neligan, in his work on *Materia Medica*, states that the “*huile de Cade*” has been used on the continent in obstinate cases of herpes, lichen, and eczema, but observes that the term “*huile de Cade*” (*oleum cadinum*) has been restricted by some French pharmacologists to a tarry oil obtained by the dry distillation of the wood of the *juniperus oxycedrus*.—*lb.*

T H E

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PROFESSOR CHRISTISON'S LECTURE ON THE PRESENT STATE OF
MEDICAL EVIDENCE.

[Continued from page 214.]

II.—IN thus treating of medical facts, as a branch of medical evidence, so much has been necessarily said, also, of medical opinions, that little remains to be stated under that head, which would not be mere repetition. But there are, nevertheless, some additional considerations which must not be lost sight of.

In matters of science opinion depends on the possession of accurate powers of observation, habits of close reasoning, and extensive well-digested experience. On the first two of these qualifications, it is unnecessary to say anything here. But the third, or the possession of experience, deserves to be attentively considered; because its true nature, as concerned with medico-legal opinions, is often misapprehended both in and out of our profession.

Experience is of two kinds: direct, or knowledge acquired by personal observation; and derived, or knowledge obtained from the observation of others, that is, learning. In ordinary medical practice both acquisitions are highly esteemed. But in the practice of medical jurisprudence an undue preference is apt to be shown for direct experience; and learning has often been unjustifiably undervalued. So much indeed has this precious possession been sometimes underrated in courts of law, that medical witnesses have on several occasions been expressly forbidden to make use of published authorities, and have been enjoined to confine themselves strictly to their own personal knowledge. Nor is this legal prejudice even yet so entirely exploded as to be safely passed by in the present exposition.

The objections in law to the use of derived experience are, that the facts have not been sworn to, and that the witness is made judge of their truth instead of the jury. These objections have been felt so strong by some judges, that they have pronounced such evidence altogether inadmissible. Thus, at the trial of Mr. Donnall at Launceston, in 1817, for poisoning his mother-in-law with arsenic, which was proved to exist in the stomach after death by means of two liquid tests only—a medical witness for the prisoner stated that he had found phosphate of soda to be similarly acted on by these tests as arsenic; and that phosphate

of soda might well exist in the stomach, because the contents were bilious, and this salt had been found in all sorts of bile by Thénard. But Mr. Justice Abbott here stopped him, observing that "the Court cannot take the facts from any publication, or as related by any stranger" [Paris and Fonblanque, iii., 291]. Nevertheless, the authority of Thénard, in a question of chemical science, was of course very much superior to that of the witness who thus appropriately referred to him. So, too, at a prior trial, that of Miss Butterfield, in 1775, for poisoning Mr. Seawen—a case which turned mainly on the question whether mercurial salivation may recommence six weeks after its cessation without mercury having been again taken—one of the medical witnesses for the prisoner proposed to read a passage from the treatise on poisons of Dr. Mead, who was at that time the highest English authority in toxicology, and who mentions a case of the kind with an interval of six months. But Sir Sydney Smithe, the presiding judge, forbid him to read it, and told him to confine himself to his own personal experience. Other English judges, however, have taken a different view of this question. On the trial of Spenser Cowper for murder, in 1699, Dr. Crell, a principal witness, was allowed, after a brief altercation with the Bench, to "quote the fathers of the profession," and availed himself of the permission somewhat unmercifully. At a trial in London for child-murder, in 1802, a witness, who ignorantly swore at the coroner's inquest, that the child had been born alive, because the hands of the dead body were clenched, a thing which he had never witnessed in stillborn children—retracted that opinion on the trial, because a friend, whose name he mentioned, had assured him that he had seen clenched hands in a foetus which undoubtedly had never breathed; and this reference was allowed by the presiding judge, in face of one of the best-established rules of evidence. But the most decisive opinion that has hitherto been delivered on this subject in England, is that of the late Chief-Justice Dallas; who, when a medical witness attempted to disparage the evidence of written medical authorities, by saying that "the writers of books would advance anything," severely censured this impertinence, observing that he "would not sit in a court of justice, and hear science reviled, and the recorded researches of the medical world represented by ignorant tongues as leading only to uncertainty" [Amos, in London Medical Gazette, vii., 613].

The practice in Scotland has never, to my knowledge, been so irrational as that enjoined by the opinions of Justice Abbott or Sir Sydney Smithe. But I doubt, on the other hand, whether sentiments have ever been expressed from the Scotch bench so strongly on the side of learning as by Chief-Justice Dallas. Nevertheless, his views are both philosophically and practically sound. Facts in science, as laid down by authors of standard reputation, will bear comparison for truth and stability with any body of ordinary facts sworn to in a court of justice. Nor can any one be so partial to that particular form of enunciating facts as to suppose, that the cause of truth in science would be a gainer were every book sworn to be true by its author; or that this precau-

tion would bind him more strictly than the solemn paction of sincerity which he tacitly makes with the world by the very act of publication.

Let me not be supposed to undervalue direct experience. But let us nevertheless see what it exactly amounts to in matters of medico-legal inquiry. The value of any one's direct experience on a particular point must depend, not on direct experience alone, however large, but mainly on his having compared and combined it with the vast stores of derived experience, amassed by his predecessors, and generalized as it has accumulated. Were a witness, in a trial for poisoning with arsenic, to recommend his evidence to the court, as I have known some do, by stating that he had seen some two or three cases of the kind before, and the symptoms and morbid appearances in these cases corresponded with what were observed in that under consideration—this direct experience would really mean nothing more, than that he had an opportunity of verifying, by a few personal observations, the facts and principles derived from the classified testimony of hundreds of prior observers. A man of true learning, thus applying the process of verification, may draw his conclusions as soundly at the first as at the third observation; and is likely to do so much more soundly at the first, than will ever be done on any occasion by one, who, affecting to despise learning, boasts that he relies only upon his own narrow opportunities of direct experience. A few years ago, a surgeon in the north was called to a patient with obstinate stomach complaints and colic; which the means he employed relieved from time to time, but did not remove. Puzzled with the inveteracy of the case, he was one day pondering at the patient's bed-side what could be the cause, when his eye fell upon a water-bottle which was lined inside with a brilliant, white, pearly, crystalline film. He instantly saw that he had to do with a case of slow poisoning with lead. He had, indeed, never seen a case of lead-colic before, but he had read of it. He had never seen a water-bottle so silvered over until then, but he had read of that, too, in an account of the only parallel incident on record. He applied a test to the water in the bottle, and detected lead in it. He went to the cistern, which he found lined like the bottle, with white carbonate of lead. He found lead in the water fresh drawn from the supply-pipe, which brought the water from a spring at a great distance. Finally, the water was analyzed, and found to be one of those which act on lead. Now, suppose this incident had led to a legal inquiry—were another of the kind to occur, indeed, the engineer would well deserve to be made an example of—and this surgeon had been asked, according to a prevailing practice with counsel, whether he had ever seen such a case of poisoning before, would his evidence have been invalidated by his reply? Assuredly not. This gentleman, Mr. Johnston, of Peterhead, had read as if he had seen. He drew his conclusions from experience, though not personal. And since nothing could have been wanting to the conclusiveness of his opinion as it would have stood, so nothing could have been added to it in that respect, had he witnessed, instead of perusing, the previous case. Some years ago I was requested to inquire into a mysterious case of poisoning with arsenic. I had not previously seen any one during life who had taken that poison.

But by frequent reading, lecturing and writing on the subject, the varied forms of arsenical poisoning were as familiar to me as if they were all marshalled before my eyes. There was arsenic in the dregs of a tea-cup, from which the poison was said to have been drunk. Nevertheless, I was convinced from the symptoms, that the case was one of pretended poisoning ; I pronounced it such ; and such it was proved to the satisfaction of all, by an analysis of the first matter vomited, in which there was not a trace of arsenic. Now, of what avail here would have been the opinion of one acquainted with arsenical poisoning by personal observation only. He might very well have seen even a dozen cases, and yet none but its common forms, and thus been ignorant of the only forms which there is any difficulty in distinguishing. Half instructed merely, and all the more full of prejudice on that account, he would have given an opinion, with confidence indeed, as such men usually do, and winning, very probably, the confidence of a court, but on which no man of true experience would have placed any reliance.

There are some things which a medical man encounters so often in practice, that in regard to them learning is next to a superfluity. There are some practitioners of so vast opportunities of personal observation, that with them direct experience might almost take the place of learning in most things. Were medical evidence concerned only with matters of this kind, or with men of this stamp, it would truly be of the highest order. But unhappily for such a consummation, rare incidents in medicine have a strange luck to turn up in medico-legal inquiries ; and medico-legal incidents are most apt to arise in a station of life which naturally throws them often into the hands of not the most-instructed members of our profession.

Hence in all probability it was that courts of law felt the necessity of submitting upon trials the primary medico-legal proceedings to the revision of witnesses of learning and skill, though not personally cognisant of the facts. This practice has prevailed systematically only from a rather recent date ; and even still its usefulness, and in some instances its admissibility also, are occasionally denied.

[To be continued.]

CARBO LIGNI, AS A THERAPEUTIC AGENT.

BY A. I. CUMMINGS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ALTHOUGH I am well aware that charcoal has been in use as a remedial agent almost from the earliest history of medicine, to a greater or less extent, yet it seems evident, to *me* at least, that it does not enjoy that confidence among practitioners at the present day, that its real nature merits. As an antiseptic, it is true, it is occasionally prescribed ; but according to my experience, its application should not be restricted to such narrow limits. I have been accustomed to prescribe charcoal in various diseases, and will endeavor in this article to confine myself to its therapeutic application, and the results of its use, in my own practice.

I would premise, however, that the charcoal of trade is impure, and far less valuable than that manufactured agreeably to the directions of the United States Dispensatory.

In *typhoid, ship, yellow and other fevers*, especially in putrid types of fever, the charcoal acts admirably. I have given it frequently in the low varieties of typhoid and ship fevers, when the bowels were tympanitic, and the fecal evacuations so excessively disgusting as to be almost unendurable, and always with more or less satisfactory results. Whenever the fever, let it be of whatever character it may, takes a putrid type, and the bowels become hard and tender, I never hesitate to order charcoal in teaspoonful doses, in molasses, or, what is far preferable in my opinion, yeast, made as palatable as possible, and repeat the dose every fourth hour or oftener, as circumstances may require. This, with enemata of the same, or yeast, &c., usually relieves the bowels in a short time, or at least destroys the putrid tendency often so fatal in warm climates, on ship-board, in jails, and in other confined places. In all the fevers accompanied by a putrid tendency, charcoal cannot fail to be beneficial, to some degree at least.

I have used it also in *dysentery*, where there was acidity, and am confident, from my experience with it in this disease, that a more extensive use of it would be not only judicious but valuable. It is, to a certain extent, a *tonic*, and promotes a healthy tone of the stomach and bowels, as well as neutralizing acidity in the *prima viæ*.

In *dyspepsia*, also, charcoal is a valuable remedy. Taken two or three times a-day, it imparts a healthy tone to the stomach; and also in *pyrosis* and *gastralgia*, arising from a redundancy of acid in the stomach, charcoal will be found preferable to the alkaline remedies most in use in those varieties of gastric derangement. It seems to have more than ordinary alkaline or antacid properties, and combines a tonic, if not astringent effect, in its result upon the irritable mucous membrane of the stomach especially.

As a preventive of that form of sympathetic disease known as *sick headache*, charcoal is one of the best preparations with which I am acquainted. It should be taken occasionally before the anticipated attack (as the disease is usually periodical), and if it will not prevent it entirely, at least it will usually mitigate the symptoms, and cut short the duration of the disease.

In recommending the usual preventive and remedial agents to those who are about to visit the "far West," or California, I never neglect charcoal. It is, according to the best of my judgment, deduced from somewhat extensive observation, by far the most effectual remedy as a preventive of that dread of travellers, *intermittent fever*. A few years since, three families from New England emigrated to the West, and located themselves in a region whose malarious influence permitted but few, especially new comers, to escape an essential *shaking up* with ague; and as they were aware of the fact before they started, they provided themselves with charcoal as pure as could be found. On arriving at their place of destination, they took the charcoal twice a-day in whatever vehicle was at hand, and for six years, while most of those

around them were afflicted with the disease, not one of the members of the three families were in the least affected by it. At length the head of one of the families said it was all nonsense, and he was determined to quit the use of the charcoal, as he believed he was proof against the "shakes" then; and in spite of the remonstrances of his family and friends, he discontinued the use of it. In about three weeks he was taken down with the disease, and suffered severely, while not another one of those who were with him suffered in the least from it. This was told me by a regular physician who was acquainted for a long time with the parties, and who had himself resided in Kentucky for several years, and I have no doubt of its truth.

"But," perhaps it may be asked, "does not so much charcoal have a tendency to produce constipation, like magnesia and other articles of that class?" I answer, not in the least; on the contrary, in severe *constipation*, where it has become habitual from sedentary pursuits or other causes, there are very few articles in the materia medica more valuable than this. It is a mild laxative, and, so far as I am able to judge, there is no danger of its forming concretions in the bowels, or of producing any other unfavorable result. In *indigestion*, also, the tonic and antacid effects of charcoal will be found valuable; and as it is so easy to obtain it, none need deprive themselves of its benefit. On ship board, as a preventive of the *scurvy* so incident to long voyages, charcoal cannot be too highly eulogized; and I believe if sea-faring men, especially in hot climates, would even occasionally take a teaspoonful of it, many valuable lives might be saved that now fall a prey to the *yellow fever*, and *bilious diseases* in all their Protean varieties. Cholera, also, I have no doubt, might often be prevented by the occasional use of charcoal. No better antiseptic, I believe, can be produced, that can be so easily procured, and so extensively used at little cost.

Thus much for its *internal* exhibition. As an external application, charcoal has hitherto enjoyed its almost exclusive reputation. In *anthrax* or *carbuncle*, a poultice made of charcoal and yeast is my favorite remedy, in the use of which I have never been disappointed. I have used it in several severe cases, where the putrid and malignant tendency was truly alarming; and usually with the happiest results. It will perhaps be said that the yeast is also a powerful antiseptic. I admit it, and it is a favorite remedy with me; but from the two combined, I believe we obtain better, and more satisfactory results, than from either used alone. If, however, I can have but one, give me fine charcoal. It soon changes the color of the anthrax from its leaden hue, and causes a more healthy appearance to present itself. I have also used it in old *ulcers*, frequently, and with manifest advantage. It cleanses them thoroughly, and stops the sphacelating process in phagedena, and putrid sores, where gangrene has even commenced, in some cases, and relieves to some extent in all. I know of no better application in all those cases where mortification has, or is about to, take place, than *charcoal powder*, and *yeast*, *malt*, or *stale beer grounds*, when they can be procured. It is also valuable in those cases of *erysipelas* in which there is a putrid tendency, and especially in hospitals, and ships, or wherever numbers

are exposed, who are already suffering from wounds, or recovering from operations. In a word, wherever antiseptic properties are necessary, charcoal will subserve a valuable purpose, and well repay the trial.

Once again, in *cancer*, I have used the charcoal in the form of poultice, either with or without yeast or other adjuvants, with great advantage. It prevents the tendency to putrefaction, destroys the offensive and sickening exhalation, especially in *warm* weather, and if it does not *cure* that which is justly considered the "*opprobrium medicorum*," it at least renders the life of the patient endurable to himself, and less disgusting to his friends than it otherwise would be.

Thus much for charcoal. I have given my opinion in relation to its merits candidly, for it is not a "*hobby*" with me; I only desire to give the result of my experience with it to my friends, and my professional brethren. To the student and young practitioner, practical essays of this character are always welcome, and the seniors and revered fathers of the profession will take the "*will for the deed*" if I am unable to impart to *them* any *new ideas* from my humble pen.

Roxbury, April, 1852.

TOXICOLOGICAL APPLICATIONS OF NITROUS OXIDE.

BY GEO. J. ZIEGLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE recent fatal and deplorable accidents from the inhalation of chloroform induces me thus early to give to the profession the results of a series of experiments instituted, and which I am still prosecuting, for the purpose of preventing such disastrous effects, not only from the influence of this, but all other analogous agents, and in fact in all cases of suspended animation from whatever cause, unconnected of course with organic lesion, &c.

The report of these experiments has been deferred till their completion, to render the evidence more conclusive; but as the necessity is so immediate and imperative for some more efficient means for the prevention of such casualties, and the more positive resuscitation, when animation has thus been dangerously suspended, and in the hope that the agent here presented will supply the long-sought desideratum for the purpose, I will give a brief abstract of them so far as I have proceeded, reserving a more detailed account of my observations for a subsequent period.

The subject, however, is one to which I directed attention some time since in a publication entitled *Zoodynamia*, viz., the introduction into the system of that powerfully exhilarant and stimulant agent, nitrous oxide.

To test most rigidly its properties and practically to demonstrate its value, I placed dogs in an extremely dangerous condition by the influence of various well-known, highly-poisonous and destructive agents. Thus in some instances they were so thoroughly overpowered by such influences, and so completely asphyxiated, that respiration and cardiac action

were apparently permanently suspended; whilst in other cases, respiration was deficient and the action of the heart barely perceptible. In others, again, these functions were very much impeded and overwhelmed, and at a very low degree of activity, with of course complete insensibility in all cases, and seemingly death in the former instances; yet notwithstanding such unpromising circumstances, on the injection into the bowels of this agent, in the form of nitrous oxide water (an abundance of which was kindly placed at my disposal by the manufacturers), they were completely and speedily resuscitated. The recovery in some instances, indeed, was so rapid and perfect as to be scarcely credible unless from the direct evidence afforded by ocular inspection.

It will be observed that in most of such conditions the gas could not be introduced through the lungs by inhalation, or the surcharged liquid or any other agent into the stomach by deglutition, these functions being so completely in abeyance.

The agents that I have thus far experimented with are carburetted hydrogen, carbonic acid, chloroform, prussic acid, aconite, and strangulation by hanging; in all of which the most surprising and gratifying, and to my mind conclusive results, were obtained from the revivifying effects of this powerful remedy. It has succeeded in all these cases, with one exception, in perfectly and rapidly restoring the dogs from the conditions above specified to full life and activity in a very brief period. The exception is that with aconite, in which, however, the animal was restored to consciousness three different times, but ultimately relapsed too strongly for recovery.

The above is merely an imperfect generalization of the results obtained in these experiments; but, as before stated, a more detailed account will be presented at a subsequent period, as I anticipate being able to demonstrate still further the valuable properties of this extraordinary agent.

I will also incidentally state that (therapeutically) I have obtained very beneficial effects from the nitrous oxide in this form, in the treatment of various affections, particularly chronic conditions of the pulmonary organs interfering with proper oxygenation of the blood, as in chronic bronchitis, &c.; it seeming, also, to a certain extent, to be a resolvent to the diseased condition. As a general tonic I have found it very efficient, and consider it preferable, in many instances, to some of our standard remedies of that class; in fact, it may become a substitute for some of them, and I will here take the opportunity of bringing it forward as a succedaneum in the place of quinia in the numerous affections in which it is more peculiarly applicable. Also as a diuretic in general dropsy, the nitrous oxide water acted most surprisingly and efficiently in one case—the only one in which I have had an opportunity of testing it. In another case of chronic irritation of the urinary organs, it seemingly proved curative. Indeed it is indicated and applicable in all cases in which its peculiar stimulant and resolvent influences are desired, and its chemical constituents, especially essential to the pulmonary and renal functions, are required, except where incompatible from existing contraindicating complications.

From the results of my toxicological and therapeutical investigations with this agent, I am induced to believe that it will prove to be a remedy of greater and more varied application than almost any that we now possess.

Philadelphia, April 17th, 1852.

SCARLATINA IN THE HORSE.

REPORTED BY CHARLES M. WOOD, VETERINARY SURGEON.

[Communicated for the Boston Medical and Surgical Journal.]

On Sunday, February 8th, 1852, my attention was called to a horse (at Hale's livery stable), the property of S. J. N., of this city. My subject was a chesnut horse, six years old, and was laboring under the following symptoms. The pulse 70, and full; respiration quick; mouth hot and dry; extremities warm; Schneiderian and conjunctival membranes highly injected; bowels constipated; appetite impaired; and extreme thirst. The owner informed me that, on the previous Friday evening, he observed a slight lameness in the off hind leg; which, after going a few rods, disappeared. He also said that the animal did not then appear in his usual spirits. On Saturday he remained in the stable during the day.

I gave the following medicine: aloes Barb., ʒ iij.; hyd. sub. mur., ʒ j.; ant. tart. potass, ʒ j.; nit. potass, ʒ iij., in a ball. Ordered that his diet should consist of bran mashes, and to drink infusion of linseed.

2, P.M.—I found my patient standing in the same place, and in the same position in which I left him. He appeared much the same, except that the hind extremities were beginning to swell. There was also swelling and soreness of the throat, with some swelling in the submaxillary space. Stimulate the throat with acetate of cantharides, and give an injection of soap and water per rectum.

8, P.M.—He appeared immoveable; pulse 72; respiration 26; extremities swelling fast; urine scanty and dark colored. Has had an evacuation of the bowels; fæces small, hard, and covered with mucus. Gave aloes Barb., ʒ j.; verat. alb., ʒ ss.; nit. potass, ʒ iij., in a ball. Continue diet.

9th, 7, A.M.—Still standing; nor do I think he has moved a foot during the past night. Pulse 66; respiration hurried, but less labored; mouth hot; conjunctivæ unusually red; the Schneiderian membrane, as far up the nostrils as I could see, and inside of the lips, mouth and tongue, was covered with numerous small specks and streaks of a bright scarlet color. All the extremities very much swollen; great anxiety for drink. Soreness in the throat relieved. He drinks better, but eats very little. Gave hyd. sub. mur., ʒ ss.; verat. alb., ʒ ss.; nit. potass, ʒ iij., in ball. There were numerous erect spots of hair on many parts of the body; but little or no elevation of the integument was perceivable.

8, P.M.—Swelling of the extremities increasing; bowels responding to the medicine; the urine high colored, in small quantities, and voided

with great apparent difficulty. Repeat medicine, with bals. copaiva, $\text{ʒ} \text{ij}$. Continue diet.

10th, 7½, A.M.—Standing back, quite out of the stall, to the full length of the halter, and cannot be induced to move. Pulse 56; respiration 16, and deep; lips swollen, and the extremities, particularly the hind ones, to an enormous degree, extending up the thighs, and terminating rather abruptly; extremely tender to the touch; serous discharge, slightly tinged with blood, from the right nostril; some soreness remains in the throat; bowels relaxed; urinates with some difficulty. Gave apocynum Canabinum, $\text{ʒ} \text{ij}$.; tereb. venet., q. s. for three balls; one, morning, noon and night, with a moderate quantity of wetted hay, and about two quarts of potatoes during the day.

11th.—Still standing; moves reluctantly; pulse 58, and feeble; respiration 12; slight discharge, of a serous and bloody character, from both nostrils; breath fetid; urinates freely, and of a bright color; bowels pultaceous, but the evacuations very offensive. Mouth of a pinky color; scarlet spots remain on the Schneiderian and conjunctival membrane, lips, mouth and tongue; coughs to-day, for the first time, and discharges a little mucus from the mouth. Gave spts. nit. ether, $\text{ʒ} \text{jss}$., liq. amm. acet., $\text{ʒ} \text{ijj}$.; water, $\text{ʒ} \text{viij}$., morning and night. Some soreness remaining in the throat, rendered the administering of medicine in this form very difficult. Stimulate the throat as before, and continue diet.

12th.—Symptoms nearly the same as yesterday. Steps across his stall with less difficulty; swelling of the hind extremities little reduced, not so painful, nor quite so hard; pitting on pressure. In backing him out of his stall, he came near falling, and with great apparent labor walked up the stable and back. He could not extend the fore extremities, so as to enable him to step over the bedding, on re-entering his stall. Appetite much impaired, less thirsty; bowels and urinary passages regular. Gave gentian and ginger each $\text{ʒ} \text{ij}$. in a ball, morning and night. Continue diet.

13th.—Swelling in the thighs reduced; not so painful, nor so hard, but it had extended to the sheath, and under the belly. Pulse 48; respiration tranquil; discharges healthy; appetite returning; drinks but little; breath not so fetid; still discharges from the nose; coughs some. Scarify the sheath, and had him walked up and down the stable floor fifteen minutes. Medicine, the same as yesterday. Continue diet.

14th.—Improving; swelling of the extremities, scrotum, sheath and abdomen, less. Spots on the Schneiderian, conjunctiva, lips, mouth and tongue, disappearing. Discharge from the nostrils subsiding. Appetite better; coughs less; walks freely. Gave a gentle tonic and diuretic; ordered two quarts of scalded oats; a few of which to be given at intervals of an hour. A small quantity of hay and a carrot or two occasionally. Exercise the same as yesterday.

15th.—Amendment is evident. Swellings subsiding. The red spots on the membranes scarcely observable. Appetite good; walks freely; coughs less. Laid down last night. Increase his food and exercise. Continue medicine.

16th.—Still improving. Swellings continue to decrease. Mucous surfaces healthy. Diet, exercise and medicine the same.

17th.—Continued to improve, from this time up to March 2d, when I considered him convalescent. Had him walked out to Cambridge, where he is now rapidly recovering his health, spirits and condition.

As to the immediate cause of the above disease, I am not prepared to offer an opinion. I would observe, however, that he has been the subject of the following diseases. In 1851, Sept 16, an attack of pneumonia, which continued from twelve to fifteen days. Nov. 5, laryngitis, five or six days. Dec. 17, influenza, ten to twelve days. From all these attacks he apparently recovered; nor was he at any time, since being in the possession of his present owner, in better health and condition than a few days previous to this last attack, which was, perhaps, a sequel to the former several diseases.

Boston, April, 1852.

EXPULSION OF TAPE-WORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send for publication the following case of tape-worm, which has been successfully treated by me. I also send you the mode of preparing the empyreumatic oil, which you will oblige me by publishing in connection with this case.

Mr. Deding, No. 51 Avenue C, New York, æt. 35, had for many years been afflicted with tape-worm, and had been under the treatment of several physicians. He frequently passed large quantities of the worm, but the head was not discharged, and the worm accumulated again. I put him under the following treatment, which expelled the entire worm, including the head. I commenced by giving him a mild purgative of cream of tartar, sulphur, and confection of senna. This having evacuated his bowels, I gave him the empyreumatic oil, two teaspoonfuls morning and evening, for three days, and a plentiful and frequent use of barley water. As is usual in cases where the empyreumatic oil is employed, quantities of mucilaginous matter were discharged, accompanied with portions of the worm. As my object was to discharge the worm as near entire as possible, I abandoned my old practice of giving calomel and jalap as a cathartic, and substituted kousso, it being both cathartic and anthelmintic. I gave him three doses of the kousso, 3j. each, which produced a powerful catharsis and evacuated the worm almost entire, including the head. The worm was discharged into a chamber containing water, through which it swam freely. My object in giving kousso is, that as it is both cathartic and anthelmintic, and very rapid in its cathartic powers, I judged it would expel the worm entire, as was the result. I measured the worm; it was over sixty-five yards, and I shall be pleased to let any medical man see it, as well as my museum, which contains many interesting subjects of this nature.

I have tried the kousso alone in some cases, but without success, and

I think if it is administered after the empyreumatic oil, it will be found a useful and certain auxiliary.

Yours respectfully,

J. X. CHABERT, M.D.

431 Grand st., New York, April, 1852.

The following is the mode of making the empyreumatic oil, which is here given for the information of the profession. R. Mix one part of the empyreumatic oil of hartsborn, one part of oil of turpentine; let them stand for three days, and then distil in a glass retort over a sand-bath; let three fourths pass over, and destroy the rest.

CYNANCHE TRACHEALIS.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE been frequently summoned hastily to visit children, during the autumnal and winter months, suffering from a sudden attack of croup. Usually I find them with flushed countenances, rapid full pulse, hurried and difficult respiration, and stridulous cough. The last two symptoms usually cause the alarm to the patient's friends.

This form of croup comes on suddenly, more often in the night time, with short paroxysms, leaving the little patient quite free from distress ere morning dawns. The following day the child plays about the room with few symptoms of disease, save occasional fits of coughing. The severe symptoms may recur again at night, and may not, or more usually the child suffers a milder paroxysm, and entirely recovers in a few days. Such is the disease that the common people in this vicinity call croup, which they often dose with "chamber lie and molasses, goose oil, skunk's grease," and a few such remedies; and if not successful, hastily summon their physician.

I have learned by experience to make a very favorable prognosis in most cases of sudden attacks of "croup" occurring in the night time, although often the inspiration and coughing or crowing are very severe. A gentle ipecacuanha emetic breaks the paroxysm, and a gentle cathartic with an expectorant is usually all I find it necessary to give in such cases.

Real croup is a very rare disease in my practice, and is usually fatal. So I send you an account of the following case, because the event is more favorable than severe cases of that kind usually are under my management.

Emma A.—, aged 19 months, with light-blue eyes, flax-colored hair, white clear skin, and quite fleshy, nearly a year a resident in my family, attracted my attention the 29th of February last by her hurried respiration, cough and hoarseness. Pulse about 140; respiration 60 per minute; skin dry and hot; bowels regular; tongue red at its tip and edges. Prescribed ipecac. and sanguinaria emetic, same to be repeated at short intervals in small doses as expectorant; mustard paste to thorax, drafts to feet, and especially careful nursing.

March 1st.—Hoarseness increased; pulse 153 per minute; other symptoms about as day previous. Prescribed an occasional emetic of

ippecac. and scilla maritima whenever "most choked up," and its occasional use in small doses as expectorant; otherwise continue treatment. I noticed during the following day that the child was evidently failing, its voice almost gone; its cries resembling, more than anything else, the squeaking of a young mouse; its strength fast giving way; pulse 165 and upward, sometimes so high I was unable to count them. Ipecac. and squills had no effect upon its stomach. Patches of false membrane made their appearance at the base of the tongue, cheeks and lips; peeled it off the gums with my fingers. The breathing now became so difficult that we apprehended immediate death by suffocation, unless she had speedy relief.

A solution was prepared containing about one grain tart. ant. et potassa to one ounce of water, and administered in teaspoonful doses. Emesis followed freely, with partial relief to the difficulty of breathing. An annular portion of false membrane was discharged, about three fourths of an inch in length, during the vomiting. In the course of half an hour the child seemed collapsing, the pulse sank, the countenance pallid, skin cold and covered with sweat, eyes rolled up, and child gasped for breath. Gave brandy and water, and it revived. For four days and nights there seemed to be little alleviation in the symptoms of my little patient, during which time I left the case but a very short time. The severest paroxysm occurred at night. The voice was extinct, and the solution was repeated sufficiently often to keep the child under its influence. A gentle purge of calomel was occasionally given.

The tenth day after I first prescribed for the child, its breathing became permanently relieved, and it began to cry very faintly and hoarsely, scarcely making an audible sound, the false membrane beginning to disappear from its mouth, and for the first time during its illness seemed willing to take a morsel of nourishment. From this time the symptoms gradually improved, until the 21st March, when the child was removed by its father to Medford, Mass., notwithstanding it had not recovered from its hoarseness. Since then, I have no tidings from the patient.

Guilford Centre, Vt., April 16, 1852.

E. C. CROSS.

A SPIRITUAL COMMUNICATION.

[Communicated for the Boston Medical and Surgical Journal.]

"HOMO SUM DEFUNCTUS," exclaimed the late S. S., and his remains, soul and body, except a small portion of "detached vitalized electricity," which collected about the point of a gold pen in his vest-pocket, having been immediately consigned to oblivion in the *pint cup* in which he was so fortunate as to be left, the said "detached vitalized electricity" begs leave, in behalf of his late owner, most respectfully to apply the "annihilator" to the fire by which he was so mercilessly consumed. He begs leave to assert that his late owner intended in no way to misrepresent the *meaning* of the author of *the* theory, and respectfully leaves it to the candid to judge from the review of the reviewer, whether any such misrepresentations of meaning were made; that the author

entirely fails to comprehend the design and argument of the review, especially in thinking the article directed in any degree against him personally, when the reviewer did not even care whether his "vitalized electricity" were *attached* to a body, or wandered in thin air; that the author adduced but *two* reasons why he called it "detached vitalized electricity," and in his first paper affirmed they were of little weight in his own mind, and in the second paper re-affirmed the same; that the late S. S. showed clearly and satisfactorily to many competent judges, from the author's own language, that what he claimed to be *involuntary*, was manifestly *voluntary* action, which is the whole point in dispute, and that on which all "communications" must stand or fall; and that the author has not even attempted to show to the contrary. The said electricity vitalized, detached from the late S. S., after most solemnly affirming that the late S. S. was a *he*, in full of the masculine gender, of its rights and appurtenances possessed, will respectfully leave the author of *the* theory, till, like the Philistine priests, he shall have picked up his Dagon from the ground, to which, like its prototype, it has pitilessly tumbled for want of power to stand. Most respectfully,

THE DETACHED VITALIZED ELECTRICITY OF THE
April, 1852. LATE S. S., OF STAFF. SPA.

ABUSE IN THE USE OF CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—After reading the report of one of the cases of death from the use of chloroform, which have recently appeared in your Journal, I cannot avoid raising my voice against what appears to be the abuse of that drug in some cases. I refer to the pernicious habit of continuing the administration after insensibility is produced. Such a procedure seems to me to be excessively dangerous. As far as my knowledge extends, the rule adopted by our best surgeons, in the administration of chloroform, is, to suspend the inhalation as soon as the patient is insensible; and if the effects are not sufficiently permanent, to re-apply the sponge with the first signs of returning consciousness. In this way the necessary condition has been maintained for more than an hour, without the least ill effects. I am in the constant habit of using anæsthetics in small operations; and they are especially necessary in operations upon diseased nails, on account of the extremely sensitive nature of the parts; but I always find that removing the article employed as soon as insensibility is perceived, or even before, gives ample time to operate in the most leisurely manner. There are undoubtedly some unfortunate cases, in which the use of chloroform is almost necessarily fatal. Such seems to have been the case with the patient of Dr. Park, of New Haven, and with several cases that have been reported in the London *Lancet* within the last few years; and it is none the less true that it is often impossible to foresee the fatal results. These considerations should make us exceedingly careful in the use of this powerful agent; and above all

things, the presence of a well-qualified assistant is necessary—a precaution apparently neglected in the fatal case occurring recently in Chelsea, as the operator was only aware of the condition of the patient after the operation was concluded, the inhalation having been continued until that time.

C. M. BROWNELL, M.D.

East Hartford, Conn., April 26, 1852.

CATECHISM FOR MRS. WILLARD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As Mrs. Willard has announced herself as the discoverer of one of the greatest principles in physiology, she has placed herself in a position to be catechized as well as criticized; she is bound, not only to *prove* the *proposition* she has made, but to answer *all objections* which can be made to lie against it. Many propositions, which are fallacious, are easily proved when no objections are considered. Such appears to be the case with the theory which attributes to the *lungs*, the *chief motive power of the circulation*. I wish to propose *three* questions, which I should like to have Mrs. Willard or some of her *followers* answer.

1. Where is the motive power of the circulation in those classes of animals which have *no lungs*, such as the fishes, mollusca, crustacea, insects, radiata, vermes, &c.?

2d. Where is the motive power in the *fœtus* in *utero*, when the lungs have no peculiar part in the circulation?

3. Where is the motive power in the *fœtus* or embryo, before the lungs are formed at all, and the heart is the only centre?

If these queries can be satisfactorily answered, Mrs. Willard's hypothesis may become a scientific fact, but not before.

Rochester, N. Y., April 28, 1852.

M. M. ROGERS, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 5, 1852.

Analysis of Physiology.—A second edition of a condensed view of the most important facts and doctrines in the delightful and instructive science of Physiology, is before the public, from the press of Messrs. Lindsay & Blakiston, by John D. Reese, M.D. The author first announced himself with this work in 1847, since which he has been constantly improving the text by new and important facts. Physiology cannot stand still. Every day is adding to the mass of material already accumulated, modifying our former views, and further illustrating the economy of nature. At no period, therefore, can it be said with truth that there is nothing more to explore in that direction. Philosophers have successfully traced life from its first dawnings, through all periods, to its extinction in death. There is a point, however, not yet inspected—a secret never divulged, and which seems to defy the scrutiny of human sagacity, viz., how it begins. It is admitted, without argument, that all our knowledge of the globe we inha-

bit, is derived from the properties of matter—the causes of motion remain a mystery, and the origin of life equally so. It is the province of physiologists to discuss and explain these grave subjects; and, where light is at their command, dispense it for the edification of others who are less conversant with the laws they are endeavoring to comprehend. But these subjects cannot advantageously be exhibited here, although the examination of Dr. Reese's volume gave rise to this allusion to them.

Among the curiosities of science, are the ups and downs of theories. In medicine especially, too many have been entertained. Because it is less laborious to frame a law and shape it to the circumstances of the case, than to proceed deliberately in gathering up facts, from which just conclusions could alone be drawn, the practice of the profession has fallen into strange hands. One school of practitioners after another have promulgated their views, yet added but very little to the real domain of medical knowledge. Those who have invariably studied diseases instead of cultivating their imaginations, have lived to some purpose. Not so, however, with physiologists. We cannot depart from nature, and study the modes by which she operates. New discoveries add to the value of whatever had previously been gathered, and thus important advances are continually being made. This work embraces, in a compact form, the essence of elaborate productions, to which is subjoined the most recent and reliable information. On that account, its merits are obvious, and we trust that the modest claims of the clear-thinking author may be properly estimated by professional readers.

Progress of Dental Science.—Dr. Parmly's lecture before the graduating class of the Baltimore College of Dental Surgery, is a clear, energetic performance. He is extremely severe upon Dr. Trenor, of New York, who seems to have given mortal offence by his comments on dental education. When professional brethren fall out among themselves, the public find a difficulty in deciding who is in the wrong. Dr. Parmly is determined to uphold the dignity of his profession, and he will not yield an inch of ground to any man. That the dental institutions are serviceable in diffusing improvements and science, and in educating men to be useful, admits of no denial. Dr. Trenor, therefore, or any other champion for the old system, under which dental operators acquired their knowledge as apprentices to mechanics learn a trade, cannot shake the faith of Dr. Parmly in the utility of colleges, and especially the one in Baltimore. In this we coincide with Dr. Parmly, from knowing some of the gentlemen who give courses of instruction there. It is quite useless to object to any system which qualifies us for bettering the physical condition of men and women. Dentistry is an essential branch of business in every community in this country. Whatever adds to the qualifications of dentists, either mentally, morally, or in the scientific and mechanical department of their profession, should be sustained and encouraged. We are of the law and order party, and believe these colleges will ensure to the community good dentists.

St. Louis University.—Alarmists have often expressed a proper degree of horror at the rapid multiplication of medical schools at the West. These schools belong to the machinery of civilization, and with the developments of a vast country, a rapid increase of population, the necessi-

ties of society, and the progress of universal knowledge, a link would be wanting in the chain that sustains the whole fabric, were these efforts not made to extend the benefits of medical education. Dr. Pope, of the Chair of Surgery in St. Louis University, addressed the recent graduates of the institution in a manner that must have been gratifying to them, as it is honorable to the literary reputation and philosophical accomplishments of the author. It is not our intention to say much of the discourse; it is evident from it, that talent of the highest order is operating in the far West, to build up a medical power that will pay but little regard, a few years hence, to the light in the East. The centralization of medical skill and learning may not always remain in the Atlantic cities. As the political influence will by and by be wielded from some point not far from the Rocky Mountains, so science may find points of centralization in places least expected, on the banks of the mighty rivers of Missouri, Iowa, Wisconsin and Nebraska. This discourse shows that energy and ambition are already on one terrace of the father of waters, upholding the dignity of the profession, while diffusing those principles and that practical information which are necessary for training up medical and surgical practitioners. Our Western schools are gaining annually, both in strength and respectability. Dr. Pope is the man for a new country, where his moral and scientific qualifications will have an ample field for exercise—and the results of his exertions will be felt on the professional character of that far-off section of the country, long after he passes away.

East Tennessee Record of Medicine and Surgery.—Under the auspices of the Medical Society of Tennessee, a new monthly is to be regularly published, edited by F. A. Ramsay, M.D., a gentleman well known for his tact, kindness of manner, industry and ambition, qualities that will be appreciated in the conductor of a periodical intended for the diffusion of medical information. The first number contains a paper by the editor on the epidemics of Kentucky and Tennessee, which is by far the best and most elaborate of any of the articles. We cordially tender him our congratulations on the prospects of his enterprise.

On Blistering Cerate.—Eugene Dupuy, Esq., a distinguished pharmacist of New York, and one of the editors of the new *Journal of Pharmacy* in that city, gives in one of the numbers of that *Journal* the following directions for preparing a very convenient blistering cerate.

“The successful researches of Robiquet in his labors on the *Cantharis Vesicatoria*, have demonstrated that the crystallizable neutral substance to which he gave the name of *Cantharidine*, is the proximate epispastic principle of the blistering cerate on which the physician depends in most cases, where an extended and yet deep revulsive action is necessary, whether it is derived from the *cantharis vesicatoria* or from other members of the trachelid family. The experiments of Mess. Lavini & Sobrero, of Turin, have confirmed the supposition made by analogy, of the identity which exists in the vesicating principle of all these coleopters, and there is a strong presumption that our commerce will soon be enriched with the beautiful *cantharis* (*C. nutalli*), abounding in the midst of our rising South Western States, and that it will eventually supersede the *cantharis vesicatoria* we obtain from abroad. If adulteration would not destroy, by its baneful influence, the advantageous form of complex extracts, we could

obtain a desirable amelioration of our officinal cerate, by substituting for the powdered cantharides an equivalent proportion of the oleaginous liquid, with which they are saturated in the fresh state, and which is possessed of all the vesicating properties of the insect. That liquid is prepared in various parts of the Sardinian kingdom, especially at Verceil, where it is extensively used by veterinary surgeons in preference to the preparations from the powdered insect, it producing deeper revulsion. It is also used, diluted in bland oleaginous substances, for stimulating the activity of feeble serous exudations. As for the present we have not generally access to that natural product of the cantharis, we must select those insects in the best possible conditions, and endeavor to fix their active principle in such a manner as will diminish the liability to spontaneous volatilization of which it is susceptible, even at ordinary temperature.

"I have been for many years in the habit of preparing a blistering plaster which, I think, has some advantages over our officinal cerate, because it fixes the volatilizable principle, and at the same time rather increases than diminishes its energy.

"To the officinal plastic mixture in which the powdered cantharides have been gradually incorporated, I add about five per cent. of a mixture containing equal parts of strong acetic acid (prepared by distillation of the acetates of copper or lead), and pulverized camphor. The acetic acid transforms the cantharidine into an acetate of the same which is not volatilized at ordinary temperatures, and the camphor diminishes the symptoms of strangury which some patients have to endure when the application of a blistering plaster is resorted to. I also usually spread the blister on adhesive plaster on account of the convenient adhesion of that material."

Physicians' Prescriptions.—We learn from the Philadelphia Medical Examiner that the report of the joint Committee of the Philadelphia County Medical Society and the Philadelphia College of Pharmacy, copied into this Journal for January 14th last, was unanimously adopted by the County Society at its annual meeting held January 20th, 1852, with this proviso:

"That nothing therein contained shall be construed into any sanction or countenance, direct or indirect, on the part of this Society, of the manufacture, sale, or use, by any one, or under any pretext, of quack or secret medicines."

Boston Medical Association.—Some acceptable modifications of the fee bill are proposed, and need to be adopted. The practice of charging a certain sum for a visit, and then deducting a part of it, is absurd. The creditor should have the privilege of giving whatever he chooses, or nothing at all.

Philadelphia Journal of Homœopathy.—Homœopathic periodicals are thickening. A new one has recently commenced in Boston, and one from Philadelphia has just been received, edited by Wm. A. Gardner, M.D. It is beautifully printed, with very little in it to interest the profession. Of course it is down upon Dr. Hooker with *mild* vehemence.

Rarity of Repetition of Attempt at Suicide by Fire-arms. By M. H. LARREY.—M. H. Larrey, in a recent discussion, observed, that according

to his experience suicidal maniacs may make repeated attempts at terminating their existence by poison, drowning, or other means of inducing asphyxia, and even by the sword or dagger; but that individuals who have once attempted to kill themselves by *fire-arms* scarcely ever renew their suicidal endeavor, but resort eagerly to all surgical means capable of correcting or effacing the effects of their mutilations. Among numerous others he might allude to, he referred to two young soldiers, now at the Val de Grace, who having in vain endeavored to blow their brains out, have never since shown the slightest attempt to repeat the act. A case occurred to Dupuytren in the person of a soldier, who after having in vain attempted his life several times, at last endeavored to blow out his brains, but only succeeded in mutilating his face. Cured, however, of the effects of this serious accident, he became also forever cured of his suicidal mania. M. Larrey inquires, whether the cerebral commotion produced in these cases effects a salutary perturbation in the mental condition?

M. Brierre confirmed M. Larrey's statements; and observed, that it may be advanced, if not as an absolute, at least as a very general rule, that individuals that have once endeavored to shoot themselves never repeat the attempt. Frequently, at the end of several years, they make new attempts at suicide by other means. Persons, on the other hand, who have failed in accomplishing their death by the various other means, frequently recur to those among them which they have already uselessly employed.—*L'Union Medicale*.

Medical Miscellany.—Dr. Charles G. Page, who has been principal examiner in the patent office at Washington, has resigned the office.—Why is not Dr. Carson's *Illustrations of Medical Botany* for sale in Boston? No one seems even to have seen a copy of the quarto plates.—The *North American Sylva*, in three volumes octavo, with illustrations, will soon be published by Robert P. Smith. The price will be from forty-five to fifty dollars, according to the binding.—There are now twenty-seven medical colleges in the United States, with a prospect of more. Female medical colleges are on the gain: a resolve in favor of the one in Boston, has been reported in the Legislature of Massachusetts.—The degree of M.D. was conferred on three married women, at Syracuse, N. Y., March 17th.—The meeting of the American Medical Association takes place this day in the city of Richmond, Va. A large meeting is anticipated.

TO CORRESPONDENTS.—A communication on *Petechial Fever*, and one on the *Motive Power of the Blood*, have been received.

MARRIED.—Dr. George Nichols, of Northfield, Vt., to Miss E. M. Blake.—Isaac Hartshorn, M.D., of Providence, R. I., to Miss E. D. Gardner.—At Cincinnati, S. L. Andrews, M.D., to Miss A. T. Dike.—Geo. W. Eastman, M.D., of Wisconsin, to Mrs. A. S. Munro.—A. J. Gilson, M.D., of Anherst, N. H., to C. F. Hedgeman.

DIED.—At Merida, Yucatan, Henry B. Tappan, M.D., 29, of Boston.—At Marblehead, Mass., Calvin Briggs, M.D., 67.

Deaths in Boston—for the week ending Saturday noon, May 1, 64.—Males, 37—females, 27. Abscess, 1—accidental, 2—apoplexy, 1—angina pectoris, 1—inflammation of bowels, 1—disease of brain, 2—consumption, 13—convulsions, 3—cancer, 2—croup, 1—dysentery, 2—dropsy, 2—dropsy of brain, 2—hooping cough, 1—disease of heart, 3—hernia, 1—intemperance, 1—infantile, 4—inflammation of lungs, 3—marasmus, 4—measles, 1—old age, 1—palsy, 2—scald head, 1—smallpox, 1—disease of spine, 1—teething, 2.

Under 5 years, 23—between 5 and 20 years, 5—between 20 and 40 years, 13—between 40 and 60 years, 12—over 60 years, 11. Americans, 33; foreigners and children of foreigners, 31. The above includes 7 deaths at the City institutions.

On the Treatment of Fracture of the Clavicle without Bandages. By M. ROBERT.—M. Robert, on presenting to the notice of the Society of Surgery, a case of fracture of the clavicle, in which the displacement, that had been considerable, left no traces of its existence, commented on the inconveniences attendant upon the employment of the bandages usually employed in this accident. The pad placed in the axilla sometimes induces ill effects, which may continue long after the cure is accomplished: such as painful swelling, with consequent stiffness of the arm and hand, and compression of the nerves, even to paralysis—inconveniences which are nowise compensated for by the advantages of the bandage. M. Robert dispenses with bandages, and makes the patient lie in bed, entirely supported on the sound side. A pillow is, to this end, placed under the back; and the injured shoulder, abandoned to its own weight, falls backward. The cases in which he has tried this plan, without encumbering the patient with bandages, have constantly done well, consolidation taking place in from twenty to twenty-five days.—*L'Union Medicale*.

Iodine rendered soluble by Syrup of Orange-peel and Tannin.—M. Debauque mentions, in the *Journal de Pharmacie* of Antwerp, that he has found means of keeping iodine in a state of solution, when added to mixtures in the form of tincture. The author uses, for that purpose, syrup of orangé-peel, which answers the purpose perfectly. It was suspected that tannin was mainly instrumental in this result; and this was rendered evident by putting a few grains of tannin into a quantity of water to which tincture of iodine had been added, and in which the iodine had of course been precipitated. The addition of the tannin caused the iodine to be immediately re-dissolved. Thus will the syrup of orange-peel be advantageously added to mixtures containing tincture of iodine, and tannin to injections composed of water and the same tincture.—*London Lancet*.

On the Urine produced by Asparagus. By STANISLAUS MARTIN.—Many substances impart to the urine a peculiar odor, and asparagus gives a very strong one. Numerous experiments lead to the belief that this excrementitious humor does not reach the bladder in its perfumed condition; that it only attains this when in contact with the atmosphere, under the influence of agents it has dissolved, and that the formation of the aroma may be regarded as a true oxidation. This is not the case with those saline and colored substances, which, not having become completely decomposed by the vital action, are often found in the urine in their natural state, or somewhat modified. All efforts, both with and without the aid of urine, to obtain a liquid analogous to that which is elaborated after eating asparagus, have been unavailing; which is easily understood, since the organic operation is conducted simultaneously upon the component parts of the urine and the ingested bodies, while in chemical experiments we act only on the body to be decomposed and urine ready formed.—*Bull. de Thér.*

Quinine in Urticaria. By Dr. WICKHAM.—Dr. Wickham has found in the wards of M. Legroux several cases of urticaria, complicated with severe pain in the joints, yield readily to quinine—a remedy, he observes, also useful in simple urticaria, which exhibits the same fugacious characters as rheumatism.—*Rev. Med. Chir.*, viii. p. 260.

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CASE OF SPONTANEOUS RUPTURE OF THE LEFT AURICLE OF
THE HEART.

BY FRANCIS BATTERSBY, M.B., DUBLIN.

LAST summer, when attending the patients of my friend, Mr. Maul, of Southampton, during his temporary absence, it occurred to me to meet with the following singular case :—

The subject of it was a respectable man-servant to a gentleman of fortune. He was aged 58 years, of middle size, spare habit, pallid complexion, and taciturn. On Thursday, June 26th, he walked into Mr. Maul's surgery, complaining of uneasiness in the left side of his chest, which he attributed to having, as he said, "displaced his heart" a fortnight before when carrying a heavy box up stairs. He did not complain of having cough, nor of anything else, neither did he mention that his legs were swelled, nor that he had had some spitting of blood ; to both of which, I have been since informed, he might then have confessed. His pulse was quiet and regular ; his bowels were confined. R. Pil. galb. com., ʒss. ; colocynth c., ʒj. M. fit. pil. x. duas sumat omni nocte. R. Ammon. carb., ʒss. ; spts. lavend. c., tinct. card. c., aurantii, aa ʒiv. ; mist. camphoræ, ʒx. M. sumat cyath. vinos bis in die.

I thought nothing more of him until I was called to see him between 4 and 5 o'clock of the morning of Sunday, June 29th. I found him sitting in the hall of his master's house, the door being open ; he was bent forwards, gasping for breath ; respiration was not hurried ; he was quite sensible, and spoke feebly and in catches. The pulse was exceedingly rapid, irregular and weak ; heart's action strong and tumultuous, with a dulness on percussion greatly extended. Mucous râles at back of chest. His countenance was dark colored. Feet and hands cold.

On inquiry, I found he had not laid down, having been spitting blood since 10 o'clock the evening before. Some of the sputa remaining in a vessel appeared composed of mucus and of venous blood. I cannot state the quantity of blood expectorated, as the previous sputa had been thrown out ; but he told me he had thrown up much blood. Empl. lyttæ inter scapulas per horas sex. R. Spt. ammon. arom., ʒj. ; æthe-

ris sulph. comp. ʒ ij. ; tinct. hyoseyami, ʒ ss. ; mist. camphoræ, ʒ vijss. M. Coch. ampl. unum omni horâ sumat.

At 4 o'clock, P.M. I saw him in consultation with Mr. Stace, surgeon, of Southampton. His pulse was then more regular, and not so rapid ; but he had the same dyspnœa, and he could not lie down in bed. His legs were much swollen. Mr. Stace re-placed the blister on his back, and ordered—R. Spt. æther. sulph. c., ʒ ij. ; tinct. hyosc., ʒ ij. ; mist. camphoræ, ʒ vss. M. Sumat. coch. unum ampl. omni horâ. catapl. spineus cruris.

Monday.—Slept none or little, and has not lain down. Respiration not rapid. Pulse regular, 64. Feet cold. Since yesterday has spat but very little blood. He appears collapsing. Face dusky. Bowels confined. Hab. haust. olei ricini. R. Spt. ether. sulph. c., tinct. hyosc., āā ʒ j. ; spt. ether. nitrosi, ʒ ij. ; mist. camphoræ, ʒ vss. M. Sumat. cochl. unum ampl. 2dâ. qq. horâ.

Tuesday, July 1st.—He died comatose at 2 o'clock this morning. Mr. Stace very kindly assisted at the post-mortem examination, which I made in about sixteen hours.

The rigidity of the body was very great.

On raising the sternum, the pericardium was seen enormously and tightly distended, and was filled by, as closely as I can guess, nearly a quart of clotted blood. At first there was some difficulty in discovering whence it had come, until, having turned up the apex of the heart, the back part of the left auricle was found blackened from extravasation ; and, on searching more accurately, a small ragged opening, capable of admitting a goose-quill, was discovered just below the auricular appendix, leading into the cavity of the left auricle. In its interior was seen a large rent of its muscular fibres, some of which, however, remained intact, descending from the opening obliquely and to the right side. The entire length of the rent was close on three inches. No lymph, nor any appearance of inflammation, was traceable, either on the inside or outside the auricle, which seemed healthy, and was not thinned ; but the left ventricle appeared thicker than natural. Both these cavities contained clotted blood.

There was no appearance of aneurism of the heart, nor of any of the large vessels, which last were quite natural. There was some calcareous material at the convexity of one of the semilunar valves of the aorta ; their free edges, as well as all the valves of the heart, were perfectly normal.

The lungs were congested. In the left pleura were six or eight ounces of clear fluid, without a trace of inflammation of the membrane.

The heart contained no more fat than usual, and it was not softened. The liver and kidneys were healthy.

Spontaneous rupture of the left auricle of the heart, without any appreciable textural change of this, is of very rare occurrence.

The rupture in this case was obviously due to the laborious physical exertion of carrying a heavy box up stairs, more than a fortnight before death ; but from the appearance of the heart, it would seem that the opening in the auricle, preceded by the giving way of its internal fibres,

did not take place until the Saturday before death ; and the smallness of this opening may have been the cause of life being prolonged for the unprecedented period of more than fifty hours.

It is not surprising that, after having seen him the second time, I considered that he was affected with aneurism, which, having burst, had given rise to the hæmoptysis. This, so far as I am aware, is a symptom before unobserved in cases of rupture of the heart ; and it arose entirely from a stasis of the blood in the lungs, owing to its interrupted progress through the heart.

The fluid in the pleura was most probably cadaveric.

The treatment of this case, in which Mr. Stace and I entirely coincided, was anything but satisfactory, and bears out Dr. Copland's observation, that "in most instances medical interference will be quite unavailing, and even as much mischief as benefit may result from it."—

London Medical Gazette.

PROFESSOR CHRISTISON'S LECTURE ON THE PRESENT STATE OF MEDICAL EVIDENCE.

[Continued from page 272.]

ALL writers on the law of evidence agree in the general proposition, that "opinions are admissible in evidence, although the professional witnesses found them entirely on the facts, symptoms, and circumstances established in evidence by others, and without being personally acquainted with the facts" (Starkie, i., 154). Mr. Chitty, however, observes in 1834 that Justice Park doubted the admissibility of such evidence in a not uncommon case, viz., when a medical witness is called on to say, without having seen an alleged lunatic, and merely from hearing the facts sworn to by others, whether he ought to be deemed insane (353). And more recently this kind of evidence was pronounced inadmissible in such a case by the whole English judges on a remarkable occasion. In consultation on the case of Macnaughten, who shot Mr. Drummond by mistake for Sir Robert Peel, they stated as their opinion, that "a medical man conversant with insanity, who never saw the prisoner previous to the trial, but who was present during the whole trial and examination of the witnesses, cannot in strictness be asked his opinion as to the state of the prisoner's mind at the time of commission of the alleged crime ; or his opinion whether the prisoner was conscious, at the time of doing the act, that he was acting contrary to law ; or whether he was laboring under any or what delusion at the time—because each of these questions involves the determination of the truth of the facts deposed to, which it is for the jury to decide" (Greenleaf, ii., 303). This statement is in answer to a very special question, and relates to a class of cases in law proceedings connected with lunacy, as to which English judges have lately shown a strong propensity to appropriate medical opinion entirely to themselves and their juries. But it is quite plain, that if the rule of practice thus laid down be sound, and the reason assigned for it the true and only one, then the rule, with its reason, applies equally to all medical opinion whatever, except that very limited class which

rests entirely on personal observation of the facts of a case ; and therefore that this decision strikes at the very root of medical evidence as now understood.

In Scotland there has never been, so far as I am aware, any opinion delivered like this. In fact, I have known the English rule disregarded quite recently in a Scotch Court in the very case supposed by the English judges. In criminal cases at large great deference is usually shown to the opinions of physicians and surgeons of known skill ; who, though not directly cognisant of the facts, are cited on the part of the crown, to speak to the import of facts deposed to by the primary witnesses. And if those who occasionally appear on the side of the prisoner are not always so favorably considered, the fault has lain much more seldom with the court than with the witness—who has too often attempted palpably to play the part of advocate, endeavoring to perplex and shake evidence, with the conclusions of which he nevertheless at bottom substantially concurred.

But on civil trials, such as those relative to lunacy, life-assurance, damage from injuries, death-bed deeds, and the like, a different rule seems to prevail. All medical witnesses, not fundamentally and directly concerned with the case, are looked upon with jealousy. The evidence even of the highest in professional standing is sometimes represented by judges as of no consideration whatever. And it is thought all in all by many lawyers, if the witness who states his opinion saw the case, however low may be his position in professional estimation. Not many years ago, viz., in 1832, on a jury trial respecting the settlements of a gentleman who was alleged to have been upon death-bed at the time he disposed by will of his landed property—when the parties on both sides produced various well-known physicians in this city to give their opinions on the facts of the case deposed to by the medical attendant of the deceased and other witnesses, the presiding judge observed incidentally, not without marks of impatience, “that it had always been his practice to tell the jury, that more attention is to be paid to what the medical gentleman says who attended the case, than to all the theoretical physicians in the country.” And in his charge to the jury, he passed by the evidence of the latter as of no account, repeating in more measured language, that “he would place more confidence in the opinion of a medical man who saw the case, whoever he might be, than in that of any physician, who judges only from facts stated on questions put, perhaps imperfectly, by us in court, and not by persons well acquainted with the subject.”

With great deference, this is a rather arbitrary way of administering a very arbitrary law. As a general rule, it appears to me an unreasonable dogma, founded on a hasty view of the nature of medical evidence. In one limited class of cases, indeed, it is a sound proposition. If a medical man, who personally witnessed the facts of a case some considerable time before, gives an opinion which he clearly recollects having formed on the occasion, but has forgotten in a great measure the fundamental facts—which is no very improbable supposition—no other man's opinion, how eminent soever he may be, is so worthy of credit, because

he has no elements of safe judgment on which to found it. It is very remarkable, however, how few cases of this kind occur—how seldom a medical practitioner's memory is found so far at fault in medico-legal proceedings. In another limited class of cases, a witness who did not personally observe the facts is scarcely more favorably circumstanced, viz., when the opinion to be formed involves facts which cannot be fully communicated by language, such, for example, as the appearance and expression of a sick man. But if the facts are well remembered, and they can be conveyed correctly in language, I really cannot see what should render the opinion of a man of experience and skill, who did not witness the case, less entitled to credit in a court of law, than in similar circumstances in ordinary medical practice. And should the primary medical witnesses be men of only moderate note in their profession—an incident of no unfrequent occurrence—I cannot see why their opinions should not be liable to revision by persons of superior skill, as in ordinary professional practice, merely because the opinion is to be followed by certain results in law, instead of in medical treatment. It appears to me, that an opinion in such circumstances is entitled to weight in proportion to the rank and acknowledged qualifications of him who delivers it; and as a general rule, to the same comparative weight with that of a consulting physician or surgeon in ordinary practice, who is consulted without an opportunity of seeing the patient. Nay, the opinion of such a man may fairly be held to be all the more weighty in comparison, that in medico-legal questions he has to form a judgment as to what has happened, or has been done; while in ordinary practice, he has also the more difficult task imposed of deciding what is to happen, and is to be done.

The real history of the very case which drew from the judge the opinion now under review would have been a startling reply to it: The medical attendant, whose evidence went to nullify the deed which was questioned, had stated in his precognition that his patient died of diabetes. Had this statement been adhered to on the trial, it would have been controverted by general testimony of such strength as no judge could have impartially resisted. But having previously met with one of the medical witnesses, who was to give an opinion on the facts as deposed to in court, he discovered his error, and modified his evidence at the trial, so that the defenders of the validity of the will were completely thrown out in their intended line of defence. This evidence was declared by the judge to be unassailable; and so indeed it was. But the confirmatory evidence of him who had made it so was pronounced unworthy of notice.

Enough, perhaps, has now been said to show, that there has prevailed too long in this country a want of proper understanding between Law and Physic in respect to medical evidence; and that neither lawyers nor medical men have attempted all that might have been done to bring it towards the exactness of which it is susceptible. Were the bench and the bar to look more narrowly into the nature of medical evidence, they may discover that practical rules—resting on sound principles, established by long usage, and applied with singular success, for the

development of evidence consisting of ordinary matters of fact—have been subsequently extended without due consideration to evidence composed of scientific reasoning and opinion, to which they are not applicable either in point of reason or convenience; and were medical men to turn their attention more earnestly to the bearings of medical science on law and its administration, they would escape many of the errors of opinion, as well as conduct, which have lowered their profession in the eyes of a class of men exercising more influence, perhaps, than any other on the sentiments of society; and they would facilitate the ends of justice by giving to medical evidence greater concordance, force, certainty and comprehensiveness.

In conclusion, then, it may be asked—What is to be done for the attainment of these objects? I have not the vanity to suppose that I can singly answer that question. Nor, though I had, is there time now for developing all the views which arise out of the preceding considerations. The following sketch is all that can be attained, without encroaching too far on the patience of this meeting.

And first, as to what lies within the province of the administration of the law.

Let them bear in mind that medicine is a difficult art and science—more difficult even than their own, as being less tied down to fixed rule and precedent; that medical opinion is not the simple matter which it might appear to be thought by them, judging from the present practice of law courts respecting it; that in medico-legal questions a medical man is no mere witness, but in some measure as much a judge as he who sits on the bench. Let him not, then, be placed as now in circumstances so unfavorable for sound judgment. Why should he not be allowed the same advantages for deliberate inquiry and reflection as judge or counsel when called on for an opinion in law? But instead of that—possessing only an imperfect acquaintance with the facts, having only a little or no warning as to the opinions he may be asked, allowed no leisure to collect his thoughts and recall his experience, deprived of an opportunity of referring to the written authorities of his profession, destitute of support from consultation with his medical brethren, questioned by those whose aim it often is to lead him into contradiction—he is expected, nevertheless, to answer trustily on all points at the moment.

Had it been an express object to render medical evidence vague, uncertain and contradictory, I do not know what more effectual plan than this could have been devised for the purpose.

The measures which seem best fitted for putting an end to such a state of things are the following, which have this to recommend them to impartial consideration, that they are not entirely new, having been already occasionally adopted in one department of another law practice:

1. In all criminal cases involving the inspection of a dead body, the medical men employed should be taught to proceed according to prescribed rules put into their hands by the legal authorities, so as to provide against material omissions, and to insure the detection of errors. In 1839, at the request of the Lord Advocate, the present Lord Murray, “*Suggestions for the Medico-legal Examination of Dead Bodies*,” were

prepared by Dr. Traill, Prof. Syme and myself, for this purpose. I fear, however, that his Lordship's laudable object has not been carried through, and that the document has been since lost sight of. There is an important technical obstacle against the public and authoritative sanction of these or any other instructions, as containing the only correct mode of procedure; but there is no objection to the mere recommendation of them by the authorities, and therefore it may be regretted that they should be allowed to fall into neglect. Additional force might be given to them advantageously, were they to be issued with the revisal and sanction of the royal colleges.

2. In all criminal cases, involving important medical evidence, the whole proceedings bearing directly or indirectly on that evidence should be subjected, before the trial, to the review of competent men, the higher in their profession the better; who may be made witnesses, if necessary. This would be a mere extension of a practice not uncommon until a few years ago, and still occasionally followed.

3. The medical witnesses should be furnished in good time with the whole facts of the precognition, as well as the main questions of opinion which they are expected to answer. This would be merely a return to a former rule.

4. The witnesses should have an opportunity of consultation together. It will be objected, as a consequence, that differences of opinion may in this way be concealed; and that the court ought to know what differences of opinion exist. But the present practice creates far more differences than it merely discovers. It seems to me much on a par with a foolish practice of some patients, who, instead of obtaining a conjunct opinion on their case, prefer to wander from physician to physician, bewildering themselves with what they call "independent opinions." Lawyers would be surprised, could they learn the great unanimity of medical sentiment throughout the profession, after trial, on all important medico-legal questions, which for some years past have elicited so much contrariety of opinion in court. The inference is evident and irresistible that the witnesses had been ill-informed.

5. The witnesses should be present in court, so as to hear all the facts before delivering an opinion on them; but they should be excluded when the evidence as to opinion commences. This would be a simple restoration of a practice formerly established under the administration of the present Lord Justice-General when constantly at the head of the Criminal Court as Lord Justice-Clark.

6. In civil actions, when it is thought right to add the opinions of consulted witnesses to the primary medical evidence, the court should appoint one or more such witnesses, for its own protection against partial testimony. The most crying evil of the present system of medical evidence—that of which I have heard both bench and bar complain most bitterly—is the contrariety of opinion obtained in civil actions. It is not necessary to look far for the root of this evil. What else can be expected, when the witnesses are informed of the facts by one party only, whose interest it is to communicate as little as possible of anything not favorable to his own side, and who, by frequent partial communings

of this kind, succeeds in converting them into a sort of witness-counsel, with a strong, though it may be unconscious, bias in favor of early one-sided opinions? Why should not a portion of such testimony be placed in an independent and impartial position, by the court nominating men of known character to give their opinions as witnesses, after acquaintance with the medical facts on both sides? Something like this is occasionally done in questions of lunacy. There seems no reason why it should not be extended methodically to all important medico-legal questions of a civil nature. It would test the present contradictions of civil medical evidence, and in time supersede the present party medical evidence in a great measure, and convert medical witnesses into medical advisers.

[To be continued.]

CHLOROFORM AS AN ANÆSTHETIC.

[THE discussion on anæsthesia by the Philadelphia County Medical Society, alluded to in a late number of this Journal, was continued at a meeting held April 13th, and is reported in the Medical Examiner. We quote the following remarks by Dr. Patterson, which are interesting, not only as containing valuable hints respecting the dangers attending the use of chloroform, but as regards the views entertained in Philadelphia on the general subject of anæsthesia.]

Dr. H. S. Patterson remarked that the meeting had got pretty well into the discussion of the question on its merits, when Dr. Hays brought down the St. Bartholomew's case upon us as a sudden extinguisher, and it appears that we cannot get beyond it. Around that all the discussion seemed now to centre, and it must be got rid of before any further progress could be made. He did not know that he could get rid of it, but at all events it could be looked fairly in the face, and its real importance determined. The idea that arose in his mind while Dr. H. was speaking, was that this, like other cases of alleged death from chloroform, came with an air of mystery about it. A mischief has been done, somehow or another; life had been extinguished in some way; but the only fact now apparent is that the chloroform has done it. Let this be admitted, and it does not necessarily follow that the agent in question cannot be used at all therapeutically. The conclusion is greater than the premises will bear. The superstructure is much too large for the foundation. The fact seems to be that chloroform may be—indeed has been—inhaled in such a manner as to produce death. Every article of the materia medica of any value, is toxic or at least injurious in some method of exhibition or some dose. Generally, the toxic is in the direct ratio of the therapeutic power. The potency which is curative in its judicious employment, may be deadly otherwise applied. The mere fact that a medical agent is capable of destroying life is no argument against its use. Is there any substance of acknowledged power in our pharmacopœia that may not do mischief? Are there not many that have been fatal to human life, not only when used criminally, but also injudiciously employed, although with the best intentions? He (Dr. P.) is not

one of those who would willingly uncover the nakedness of the profession or expose its shame, but he would ask whether chloroform has destroyed more human lives than opium, even in its medical use? He would only refer to the old treatment of *delirium tremens* by heroic doses of that drug. He had seen patients die in that disease, in the Pennsylvania Hospital and in the Alms-house, and who would say whether the condition which preceded death was coma or fatal narcotisin? He had his own convictions on the subject, and they were such as to lead him to seek a mode of treatment for that affection without opium. But, admitting all this, does it prove that opium should not be used? On the contrary, opium remains an indispensable portion of our means of cure in innumerable cases. If a substance is poisonous, it is so in certain doses, in a particular mode of exhibition, and according to fixed and ascertainable laws. We can determine by observation what functions it affects, in what quantities and in what way. We do not hesitate to use poisons much more deadly than chloroform is alleged to be by its most vehement opponents, because we know their action and can regulate it to good therapeutic ends. If a patient should die of a dose of hydrocyanic acid or strychnine medicinally given, there would be no hesitation in concluding that there had been a gross error in the dose or in the manner of exhibition. Why refuse the application of the same rule to chloroform? It may be asserted that its poisonous influence is so subtle and so fatal that it cannot be regulated. But this is disproved by thousands upon thousands of cases of its successful administration. If it is poisonous at all, it is so only in a certain quantity or by a certain rapidity of introduction, which can be clearly ascertained, scientifically regulated, and securely guarded against. Let us now look with a more thorough scrutiny into the St. Bartholomew's case, which has been thrown in our way as an impediment not to be got over. The first fact to be noticed is that this same patient, not a month previous, was kept under the full influence of chloroform for twelve minutes, during a painful operation, and without the slightest inconvenience or interruption to his recovery. There was plainly no "idiosyncrasy" here. It is proved that chloroform could be administered to that very patient with safety and with the most beneficial results. On the last and fatal occasion, he inhaled the vapor of chloroform for a much shorter time, and died before the first incision was completed by the knife of the surgeon. Now, can any man believe that the chloroform was administered in precisely the same way, in the same quantity, and to the same extent, as on the former occasion? Like causes produce like effects. The man who takes a grain of opium to-day with beneficial effects, will not be fatally poisoned by a grain of opium a month hence. The probability is that in the first instance the chloroform was properly administered with a due admixture of atmospheric air, while in the latter it was hastily presented, of full intensity, and undiluted. The quantity to be estimated is not altogether that poured upon the napkin or introduced into the inhaling apparatus, but that actually received into the lungs of the patient, and absorbed from their mucous membrane. A better case for the illustration of the principle just laid down could not be de-

sired. The blame rests with the erroneous mode of the use, and not with the substance used. As for the mere allegation of toxical power, Dr. P. would give very little for a medicine, that could not produce such effects in any case. He suspected the efficacy of every agent whose powers were so feeble as not to render it noxious in its inappropriate or immoderate employment.

As to the remarks made by Dr. Condie in reference to the enthusiasm of the advocates of new measures, Dr. P. thought that such a charge in reference to anæsthetics was singularly out of place in Philadelphia. The error here seemed to be all on the other side. He did not wish to complain of the conservatism of the profession here generally. Their cautious skepticism in regard to medical novelties had its great and lasting benefits. But these anæsthetics are no longer a novelty. Their precise value has not been definitely determined, nor have we settled all the laws that should regulate their use; but that they have great and important uses can no longer be doubted. It appears certain that they will become a fixed portion of the armament of the surgeon and the obstetrician. Why should we in Philadelphia alone occupy this position of dogged resistance and refuse to receive them? Dr. Condie has warned us against the enthusiasm of novelty. Dr. P. acknowledged the truth and value of his remarks. There are *quidnuncs* in the profession as well as out of it, and they will run wild after new hobbies. But he would remind Dr. C. that this is not the only dangerous enthusiasm. There is another that, in its relation to other matters, has been recognized and pretty well comprehended in our country, where it has received the generic title of *old-hunkerism*. It consists in an obstinate conservatism, which brands every new thing as an innovation, in the bad sense of the term, without waiting to see whether it may not turn out an improvement. It rests content with old things, it wants no progress, and it resists all new things as essentially evil or mistaken. He was afraid there was a leaven of the enthusiasm of *hunkerism* in this resolute opposition to the anæsthetics. At all events, the truth must soon make itself manifest, and the fact of the matter be established. There can be no doubt that anæsthesia will become, when better understood, a well-regulated and well-established portion of our practice, and the most the Philadelphia profession can claim will be the merit of having been the drag on the wheel that prevented a too rapid attainment of the goal.

PETECHIAL FEVER.

[Communicated for the Boston Medical and Surgical Journal.

THE following case, which I will narrate in as brief a manner as possible, affords some interesting points to me, and perhaps it may to some of the readers of the Journal. In twelve years' active practice in the country, I have met with only two cases of disease accompanied with petechial eruption. The first was reported for the Journal some months since, the patient dying of hæmorrhage. I have met with some severe

cases of typhus and typhoid fever, passive hæmorrhages, &c., but with these exceptions, all wanting in this peculiar eruption of which authors speak so frequently. The following case occurred in the same house as the one before published.

The patient was a lovely twin daughter of Mr. Samuel Root, 4 years of age, of previous good health. She was seized at midnight on the 10th of April, with severe vomiting, headache, slight chills alternating with flashes of heat, thirst, restlessness, oppression at præcordia, &c. I saw her twelve hours after. As she had had turns of vomiting before, no fears were excited in the minds of her friends, who supposed it to be "a turn of the worms." The vomiting was now incessant, especially if anything was introduced into the stomach; pulse small and weak, 120 per minute; tongue moist and loaded heavily with a dark fur; head hot; extremities cool; slight tenderness upon pressure over the stomach; much restlessness; respiration natural. Ordered calomel, two grains per hour, to allay the irritation of stomach, with sinapisms to præcordia and extremities, cold application to the head, warm baths, cool drinks, quietude, &c.

Second day, symptoms much the same, except vomiting less. A few enemas, in addition to the mercury, procured several evacuations from the bowels, which were evidently very torpid.

The third day I was summoned to her to decide whether she had got the scarlet fever or measles! both of which were prevailing at the time. An exanthematous eruption had appeared, covering the whole body, most distinct on the body and lower extremities. It consisted of small reddish spots, varying in size from a mere speck to an eighth of an inch in diameter, not elevated above the skin, evidently the product of extravasated blood beneath the cuticle, bearing some resemblance to measles, and perhaps to the eruption of scarlatina, but yet having a peculiarity perceptible at the first glance. The vomiting gradually ceased, but the tongue became dry, with a brown fur. Dark sordes collected on the teeth and lips; the pulse 140 per minute, weak and unresisting; delirium at times; mind sluggish; great disgust for food; discharges from bowels improved for a time, after the calomel cathartic, but became dark and offensive again; abdomen flat; had turns of screaming, as if in great pain; eyes dull and sunken (pupil not indicating any severe difficulty of brain), filled with a secretion in the morning having the qualities of pus; features became collapsed and of an ashy hue; pulse very weak, and so frequent as not to be counted; breathing, till the last day, very quick; reason unimpaired.

Eight days produced a fatal termination of the case. The petechial eruption continued to be seen more or less distinct till the last, although somewhat faded. The treatment consisted in cathartics to keep the bowels open and unload them of their contents, which were peculiarly offensive and morbid. Calomel, rhubarb, senna and c. oil were used, with enemas. Much attention was paid to the circulation, to restore and keep up the equilibrium. Dover's powders were given with a happy result; refrigerant diaphoretics; some cordials, and lastly stimulants.

The peculiarities of this case seem to be:—

1st. Its occurrence at this *season of the year*, in an isolated form. I supposed these cases were peculiar to warm weather, as most of low fevers are.

2d. The *age* of the patient. Very few children so young are attacked with it.

3d. The *place*, it being in the same house where, eighteen months since, an adult died with a disease having a striking similarity. It is a large tenement and well ventilated—the habits of the family temperate and cleanly.

4th. The *manner* of the attack, by *excessive vomiting*. This is certainly uncommon. No less than *seven children* within a few miles of this were similarly attacked, about the same time, but had no eruption, and a speedy recovery.

H. D. R.

Westport, Essex Co., N. Y., May, 1852.

THE NEW THEORY OF THE CIRCULATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I believe the latitude and longitude of friendly discussion, of a scientific character at least, are not fixed by the quadrant and chronometer of your chart, which is the radii and focus of many profound heads and wild theorists in the science of medicine; but is common ground, as I conceive, to all without limit, as far as the furtherance of scientific truth is concerned. And if I should fail to bestow one thought for the consideration of your readers in defence of the long-established principles of circulation, I shall have lost my purpose, and probably err from a partial consideration of the importance of the subject. Divested of all controversial feeling, and disregarding the uncouth and sordid accusations that many of our *amateur* friends are pleased to bless us with, I shall humbly present some desultory thoughts on the motive power of the blood. The point once achieved in the question at issue will be of far more importance in dispelling the delusions of fancy, than many exciting theories that occupy every journal of medicine; will be of far more interest to the profession, than the merits or demerits of Jarvis's adjuster in comparison with Reed's plan of reduction of dislocations of the femur on the dorsum ilii; not to speak in the least disparagingly of either of these gentlemen, for the invention of the former stands second to none in point of utility. When the moving force of the circulation is amply proved to exist in the lungs; when the muscular movements of the heart and arteries are found to be no longer concerned in propelling the blood from its reservoir to the extremities—then will be required a revision of Carpenter, Bichat and others, with an additional chapter of therapeutics. It is true that the *rationale* derived from vivisections may possibly determine physiological facts, when the organs are performing their functions *in situ*, so far as *a priori* reasoning abstractly is concerned, and when no correlative forces are at work; but the complex nature of the system will not allow of abstractions in propelling powers; consequently, in searching for the chief cause of phy-

sical developments and physical effects we may perchance give undue force and power to some one structure that mainly belongs to another. It has been hinted that one asphyxiated and resuscitated saurian is not sufficient, of itself, to establish the principles of Mrs. Willard's theory beyond a question. But should Dr. Cartwright's ardent zeal for the success of the new theory realize and establish his purpose on one single experiment, he will entitle himself to the fame which others have earned by immolating their lives and fortunes on the altar of truth. When he shall neutralize the enthusiastic deference hitherto paid to the Harveyian principles of physiology, then Sir Benjamin Brodie may come in for a tithe of his immortal honor, for Dr. Cartwright says he came near stumbling on the discovery by his woorara, which the saurian disclosed to himself.

To the transformation of venous into arterial blood as it passes through the lungs, Mrs. Willard describes the *primum mobile* of the circulation; and the caloric evolved in decarbonizing and oxydizing the blood in this transformation is the "chief moving force." Why heat should force the blood through the capillaries and on through its whole circuit independently of the contractile force of the heart and arteries, I am unable to say. Admitting the expansive powers of caloric, I am of the opinion that its effects would be lost in the capillary network through which it is eliminated. The force of gravitation can have no power in favoring the expulsion on to the left auricle, no more than to the right ventricle, and no more than to the apex of the lung. The force developed in the lungs I believe to be less attributable to the power of caloric elaborated there, than to the capillary power demonstrated by Prof. Draper; and then in a less degree in the capillaries of the lungs, than in the systemic capillaries. The venous current approaching the capillaries of the lungs, and the air in the pulmonary cells, have a mutual attraction, and become satisfied by the exchange of oxygen and carbonic acid that takes place through the walls of the capillaries; then it becomes arterial blood, which has no affinity for the tissues, and is forced on by the *vis a tergo* at the capillary wall. In allowing Mrs. Willard's theory to be correct, the propelling force through the lungs must stop at the termination of the arterial system, leaving no explanation for the venous circulation, whose moving power there I conclude arises *de novo*; for if the heart's contractions by means of the lungs produced the current in the veins, the flow would be *pulsative*, which is not the case. How can the new order of physiologists reconcile the circulation of many of the lower order of animals, whose developments differ from *mammalia* mainly in nutrition and motion, but through the power of capillary attraction developed by the force of circulation? In the *pycnogonedar* tribe of animals will be found a *cæcal* or *lacuna* circulation, whose channels or *cæca* present alternate contractions and dilatation to force their contents onwards; the impulsive force here is the inherent power of contractility possessed by the muscular *parietes* of these vessels, the same as in the heart of man. Calorification will not supply conditions here necessary for the production of this force, because there is no special organ of respiration; the aëration of the fluids must be

imperfectly accomplished by exposure to the surrounding medium through the crustaceous envelope.

During the *tadpole* state of the frog, the circulation is properly carried on, independently of the action of the lungs, and after their formation they receive but a limited amount of blood for purification, it being duly oxydized by the cutaneous surface. The force the human heart exerts by its contractions is sufficient to raise a column of blood ten feet high, of the size of the aorta. These contractions become more and more inherent to the heart, from the first nervous impetus given it in embryo to the last finishing stroke of the *cerebro-spinal axis*. To prove the heart's own inherent powers, it is sufficient to know that it is capable of sustaining its contractions for a considerable time after being entirely detached from the body. This constant action is rendered subservient to the nervous influence; for it has been proved, that after it has ceased to beat, its contractions may be re-excited by stimulating the roots of the spinal accessory nerve, or by the first four cervical nerves. In the *embryo* may be found the circulatory movements without a respiratory apparatus, which is not unlike even the *zoophite* in its appropriate cell development and analogous formation. The lungs begin to make their appearance about the beginning of the third month, but still take no part in the circulation, as long as the blood passes through the foramen ovale; and even after birth in cyanosis neonatorum, according to an American author, the lungs play a very inferior and inadequate part in aerating the blood, as the foramen ovale often remains open fifteen or twenty days, transmitting most of the blood from the right auricle to the left, and sustaining this time its assimilating and depurating qualities through the limited amount that traverses the lungs.

Should the "new theory" fall into the hands of some of your correspondents, among whom it will meet more of the *cacoëthes scribendi*, and a greater ambition to indulge it than many evidently feel from their silence thus far shown, it will probably ere long, if deserving, be ranked among the things that were, and bear the night-shade wreath of oblivion. But if its apostles shall rear its merits on the superstructure of the principles of truth and science, may the twig of the cypress as soon bespeak its resurrection to our benighted minds, as it shall sink to oblivion if they fail.

SUBSCRIBER.

Kingston, Ulster Co., N. Y., April 20, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 12, 1852.

Supposed Increase of Insanity.—"Insanity is, then, a part of the price we pay for civilization." Such is the sage observation of our neighbor, Dr. Jarvis, in a long and admirably-constructed paper that appeared in the April number of the American Journal of Insanity. Admitted, as it is, that increased accommodations are demanded in each of the United States, in consequence of the multiplication of lunatics, it strikes the

reader at first view as an absurdity to say, "that it is impossible to demonstrate whether lunacy is increasing, stationary or diminishing, in proportion to the advancement of population, for the want of reliable facts, &c." Still, we believe that Dr. Jarvis is right in saying that no one knows, while the universal sentiment is that insanity is prodigiously on the increase in civilized Europe and America. Since humanity demands that provision should be made to meet this extraordinary misfortune, it is also proper that the profession should come up to the assistance of society, with opinions and advice. We are not yet converts to the suggestion that all the world is mad, but it is susceptible of demonstration that all the lunatics are not placed in Asylums. It is not the province of physicians to travel through the community, like the Jewish prophets, crying with a loud voice that rash speculations, whether in lands, manufactures, or lottery tickets, are prejudicial to health and to that mental condition which gives peace, comfort, and a good digestion. Nor would it be well received among the intelligent of the community were their medical friends perpetually ringing in their ears, that too great haste to be rich fritters away life, and harasses and endangers the stability of the mind. And it is equally true that the pursuit of phantoms, the besetting vice of our day, in which men, women and children plunge into vortices of fanaticism, in religion, in politics, domestic economy, and the endless gradations of a sympathy which embraces within its ample folds both a desire and a resolution to purge the earth of its moral evils, is unsettling the minds of the people, and multiplying cases of lunacy.

How this state of things can be remedied, is the great problem. To get behind it all, and modify the character which civilization brings out, that is, a condition of excessive mental activity, endangering the powers of reason, some new features in education are indicated. Public instruction and moral training have the first opportunity, and beyond all question shape the destiny of individuals, as they do of a nation. Legislation may accomplish as much that is meritorious in preventing insanity, by a wise appropriation of means for primary education, as in building mammoth receptacles for the thousands who are the victims of dethroned reason through the dominion of uncurbed vices, hereditary predispositions, vicious propensities, and a mania for meddling with that which cannot be comprehended. Medical philosophers have accomplished a great deal for the insane by pleading for the law of kindness in their behalf, and creating a wide-spread sympathy for their sufferings. Another labor connected with their mission, is to influence the public sentiment in regard to preventing the malady. But that does not consist in building hospitals or inventing straight jackets, but in educating the moral sense to shun evil communications, to resist temptations, to live honestly, deal justly, and obey the dictates of humanity and the revealed laws of God.

American Medical Society of Paris.—The constitution of an association, which we are frequently assured promises largely for the profession at home, while it will be inestimable for medical gentlemen visiting Paris, arrived last week. In the catalogue of members, there is neither an active or honorary member belonging to New England. This is an apparent oversight in somebody, which demands the consideration of those who direct the Society's course. In the first place, there must be students there from Massachusetts, if from no other part of New England, and we flatter ourselves that there are gentlemen sufficiently distinguished as

surgeons and physicians, to be recognized in the catalogue of honorary members. Whatever can be done here to give character and stability to the Society, will be cheerfully undertaken.

Tableaux of New Orleans.—That never-tiring philosopher, Bennet Dowler, M.D., who may wear, but never rust out, has brought out a closely-printed pamphlet on the geography, commerce, geology, and sanitary condition of the city in which he resides, abounding in so many curious and instructive facts, that we are perplexed in regard to the place from which to make extracts. He strikes right and left, with an air of resolution and independence that no one, not armed with sustaining facts, would dare manifest. Upon Boards of Health, those organized conclaves of men with small opinions, who regulate the public health by drinking champagne at the expense of their constituents, Dr. Dowler is keenly severe. Probably he understands the calibre of the men against whose report his guns are pointed. For originality, energy, and fearlessness, Dr. Dowler has no competitor. His industry and learning are equal to all emergencies.

Miller's Surgery.—A third American, from the second enlarged Edinburgh edition of this work, has just been published by Messrs. Blanchard & Lea, of Philadelphia. The revision and additions are by F. W. Sargent, M.D., with 240 wood engravings. It always does us good to handle one of Blanchard & Lea's volumes, because they are almost uniformly first class publications, and the type, paper and finish are in keeping with the contents. All that might be said by way of recommendation of this work, has been already before the medical public; hence a mere announcement of this recent improved edition is quite enough to insure a patronage. It is worth while to call at Ticknor & Co.'s to examine it. The volume contains 751 octavo pages, and is sold cheaper than it would seem that it could be afforded.

Virginia Medical Society.—Richmond has been the theatre of unusual medical activity of late. Not only has the State Society held a session of some days' duration, but the American Medical Association has also been transacting its annual business there, and delegates from all sections of the Union were present. The State Society appears to have an abundance to do, and a disposition was shown by one member, at least, to operate in medical matters on the free-trade principle, regardless of what the world would say. The Daily Despatch, of Richmond, reported the transactions very correctly, and in a manner to call forth the approval of the Society. Dr. Beal was elected president.

American Medical Association.—Word comes that the session is very active, the delegation large, and business progressing satisfactorily. No particulars in regard to specific acts have yet been received.

The Norfolk District Medical Society.—This Society will hold its annual meeting at Dedham, at 11 o'clock, A. M., on Wednesday (to-day), the 12th inst. Dr. B. E. Cotting, of Roxbury, will deliver the address.

External Application of Cod Liver Oil.—Dr. A. H. David, of Montreal, has an article in the Canada Medical Journal on the external use of cod-liver oil. The following extract from it will show the kind of cases in which he has been in the habit of using the oil in this manner.

"The first cases which I shall mention are those which are always of a very obstinate character, and which, before I used cod-liver as an application to them, I have often had to treat for months with every remedy that had been recommended, and without success. I allude to ring-worm of the scalp, and having now used it in more than twenty cases, I can safely recommend it as a certain cure. It acts speedily, and some cases, that had resisted for weeks all other methods of treatment, were quite cured in four or five days. I have also used it in hospital practice, in cases of *tinea capitis*, with equally successful results, and much to the surprise of many intelligent students, who closely watched the cases, and witnessed with surprise the rapidly beneficial effects of it.

"I have lately had an opportunity of trying it in a case of *psoriasis inveterata*, a disease which is allowed by all writers to be a very troublesome and intractable one, and the most obstinate of all the forms of scaly tetter. The patient had been suffering from it over three years, and had been under the care of several practitioners during that time, without deriving any benefit from the treatment employed by them. The greater part of his body was covered with the disease, as was also his neck, arms and thighs. I immediately ordered him to apply cod-liver oil to the parts affected, and to keep them constantly covered with it, and in less than three weeks he was very much improved, most of the scabs had become dry and were falling off, and the skin underneath them assuming its natural color. This man, being an in-door patient of the St. Patrick's Hospital, was repeatedly seen by many medical friends, both civil and military, and was discharged completely cured in seven weeks.

"In consequence of the success attending my use of it in these and various other cases of "skin diseases," my friend, Dr. Arnoldi, was induced to try its effects in cases of extensive burns, and in these the cures might be said to be truly miraculous. In one, a man, who, when drunk, actually *roasted the whole of his back*, the constant application of cod-liver oil to it, produced cicatrization in a very short time, without suppuration or any contraction; this case was also seen by several medical men, as the patient was an inmate of the Montreal General Hospital, and they all agreed that it was a surprising case. Dr. A. has also frequently used it with equally good effects in cases of frost bites, and I may mention that I have used it in the same way in two cases of mild erysipelas with similar beneficial results."

Combination of Collodion and Castor Oil used in cases of Erysipelas. By M. GUERSANT.—M. Guersant has recently employed with advantage, in a severe case of erysipelas, an application to the skin, consisting of collodion in combination with castor oil. The formula was—collodion, 30 parts; castor oil, 2 parts, mix. This varnish was applied once on each of three successive days to the parts attacked by the exanthema, and caused the cessation of the burning pain, and the disappearance of the dark redness of the surface; the general symptoms seemed, at the same time, to be alleviated by some favorable influence, and the boy who was the subject of experiment became convalescent much sooner than had been expected.

It is to M. Robert Latour that the idea of mixing the collodion with castor oil is due; but his formula is not the same as that employed by M. Guersant. To avoid the inconvenience of the splitting and scaling off of the collodion, and to prevent its exercising upon the inflamed parts a degree of pressure which some persons would find to be intolerable, M. Latour has proposed to add to the ordinary collodion a fifteenth part by weight of turpentine, deprived of its volatile principle by evaporation, and five or six drops of castor oil to every thirty grammes (463 grs.) We have not seen this kind of collodion used; but as for that of M. Guersant, we are informed by himself that it forms a very soft covering, far superior in point of elasticity to ordinary collodion. It is, besides, more easily detached, and a simple poultice suffices to remove it in pieces, without causing the slightest pain to the patient. The castor oil is preferable to other oils, being more unctuous, and having less of drying quality.—*Journal de Médecine et de Chirurgie Pratiques.*

An Act Regulating the Sale of Poisons.—The following is now a law regulating the sale of poisons in the State of Ohio. It was introduced by Dr. Vattier, of Cincinnati.

Sec. 1. *Be it enacted by the General Assembly of the State of Ohio,* That it shall not hereafter be lawful for any apothecary, druggist, or other person, in this State, to sell or give away any article belonging to the class of medicines, usually denominated poisons, except in compliance with the restrictions in this act.

Sec. 2. That every apothecary, druggist, or other person who shall sell or give away, except upon the prescription of a physician, any article or articles of medicine belonging to the class usually known as poisons, shall be required:

1st. To register in a book kept for that purpose, the name, age, sex, and color of the person obtaining such poison.

2d. The quantity sold.

3d. The purpose for which it is required.

4th. The day and date on which it was obtained.

5th. The name and place of abode, of the person for whom the article is intended.

6th. To carefully mark the word "poison" upon the label or wrapper of each package.

7th. To neither sell nor give away any article of poison, to minors of either sex.

Sec. 3. That no apothecary, druggist, or other person, shall be permitted to sell or give away any quantity of arsenic less than one pound, without mixing either soot or indigo therewith, in the proportion of one ounce of soot or half an ounce of indigo, to the pound of arsenic.

Sec. 4. That any persons offending against the provisions of this act, shall be deemed guilty of a misdemeanor; and, upon conviction thereof, shall be fined in any sum not less than twenty, nor more than two hundred dollars, at the discretion of any court of competent jurisdiction.

Sec. 5. This act to take effect and be in force from and after its passage.—*Ohio Med. and Surg. Journal.*

Sacramento State Hospital.—The hospital was opened for the reception of patients on the 23th of May, 1851, and consequently had been in

from the 10th January, 1852, when a report was made out, set in months and thirteen days. During these 7 months and 13 days—

The whole number admitted was	592
The whole number discharged	415
The whole number died	72
Remaining in hospital	104
For the same time there were admitted in insane department	38
Discharged cured	16
Remaining in hospital	22
Received from San Francisco	30

We append some of the principal diseases for which the 592 patients were admitted, in order to indicate the influence of climate upon emigrants:

Admitted of bilious remittent fever, 123; of rheumatism, 49; of intermittent fever, 46; of typhoid fever, 33; of mental derangement, 38; of diarrhœa, 38; of wounds of various kinds, 30; of Panama fever, 23; of erysipelas, 11; and scorbutis, 11. The foregoing seem to be the prevalent diseases for which patients were admitted into the Sacramento State Hospital.

Of the 592 admissions, 72 died, and of the following diseases: dysentery, 8; abscess, 1; consumption, 5; diarrhœa, 14; bronchitis, 4; enteritis, 2; cerebritis, 4; scorbutis, 1; hemiplegia, 1; erysipelas, 2; anasarca, 1; coxalgia, 2; fever, congestive, 2; fever, bilious remittent, 5; scarlatina, 1; bowels, ulceration of, 1; fever, typhoid, 13; fever, Panama, 4; delirium tremens, 2—making a total of 72 deaths out of 592 admissions.

Of the admissions, 342 were natives of the United States; and 250 adopted citizens, representing 20 different foreign countries.—*New Orleans Med. and Surg. Journal.*

Medical Miscellany.—Louis Durand recently died at Panama, at the age of 90, being, it is said, the father of over one hundred children.—Cholera, in a few instances, has appeared at St. Joseph, Missouri.—Yellow fever is abating at Demerara.—Smallpox is still extending west and north.—Surgical instruments are manufactured in Boston and New York, equal to those of France or England.—Dr. Peaslee, of Dartmouth College, will commence a course of special instruction in pathology and microscopy, on the 25th instant. He has a splendid microscope.—The public health was never more satisfactory in Boston. A few cases of typhus are spoken of in the neighborhood.—Female medical practitioners are on the increase in Boston.—Yellow fever is raging at Bahia, with fatal violence.—Cholera has again broken out in Persia.

ERRATA.—In Dr. Cartwright's article, No. 3, on the motive power of the blood, we regret to find that several important typographical errors occurred. Readers are requested to make the following corrections:—p. 231, last line, for "having an aorta but no pulmonary or bronchial heart," read, having an aortic but no pulmonary or branchial heart. Page 233, line 21, for "bands," read "bonds;" line 27, for "propositions," read proposition. Page 236, line 27, for "anneides," read annelides; line 32, for "ancipensea," read ancipenser; line 44, for "open canal," read osseous canal.

DIED.—At Kingston, Mass., Paul L. Nichols, Jr., M.D.—At Springfield, Mass., Dr. William Alcott.—At New York, Charles M. Graham, M.D., 83.

Deaths in Boston—for the week ending Saturday noon, May 8, 49.—Males, 23—females, 26. Apoplexy, 1—disease of brain, 3—congestion of brain, 1—consumption, 14—convulsions, 1—croup, 2—dropsy, 2—dropsy of brain, 2—drowned, 3—erysipelas, 1—typhus fever, 1—scarlet fever, 1—hooping cough, 1—infantile, 4—inflammation of lungs, 6—marasmus, 2—palsy, 2—teething, 1—unknown, 1.

Under 5 years, 22—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 6—over 60 years, 5. Americans, 29; foreigners and children of foreigners, 20. The above includes 3 deaths at the City institutions.

French National Institute.—The National Institute of France has recently awarded the following prizes:

"The prize of experimental physiology was given to M. Claude Bernard, for a paper on a new function of the liver in men and animals. M. Masson and M. Sucquet obtained prizes of 2,000 francs each; the first for his method of preserving vegetables, and the second for his disinfection of dissecting theatres. The Monthyon prizes for physic and surgery were awarded as follows: 2,500 francs to M. Jules Guérin, for the generalization of sub-cutaneous Tenotomy; 2000 francs to M. Huguier, for his researches into female maladies; 2,000 francs to MM. Briquet and Mignot, authors of a practical treatise on cholera; 2,000 francs to M. Duchenn, of Boulogne, for his electro-physiological researches, applied to pathology and therapeutics; 2,000 francs to M. Lucas, for his physiological and practical treatise on hereditary maladies; 2,000 francs each to MM. Tabarie and Pravez, for the medical use of compressed air; 2,000 francs to M. Gluge, for his pathological histology; 1,500 francs to M. Gosselin, for his researches into the obliterations of spermatic channels; 1,500 francs to M. Garriel, for his application of vulcanized caoutchouc to medicine and surgery; 1,000 francs to M. Serres, for his researches respecting the phosphenes; and 1,000 francs to M. Boinet, for his work on the treatment of chronic abscesses by injections of iodine."—*Southern Med. and Surg. Journal*.

Annual Commencement of Rush Medical College.—The ceremony of conferring the degree of Doctor of Medicine, by this institution, took place in the City Hall on the 19th of February ultimo, before a crowded assembly of citizens.

The valedictory address by the President of the Institution, Prof. Brainard, was upon Resuscitation as a legitimate aim and object of research. He treated the subject in that comprehensive style and masterly manner which generally mark his public efforts. We are sorry he has declined an application from the Class for a copy of the address for publication. Thirty-seven young gentlemen received the degree of M.D.—*North Western Med. and Surg. Journal*.

Saline Injections for the Cure of Drunkenness.—L'Abeille Médicale has lately published a note by Dr. Lalauux, on the efficacy of injections of solution of culinary salt in rapidly dissipating the most serious symptoms of intoxication. M. Lalauux's enema consists of two good tablespoonsful of salt dissolved in four glasses of warm water. It causes a formidable shock (débâcle), after which all the functions resume their play. This remedy has the advantage over ether and ammonia, of being always at hand; and, in a case of drunkenness, we had lately occasion to observe that it is more powerful than ammonia, in causing the cessation of the coma which succeeds intoxication by alcohol.—*Journal de Médecine et de Chirurgie Pratiques*, Feb. 1852, p. 63.

[Salt and water was, in the olden time, poured down the throats of the Philistines who would not get drunk. It is a merciful retribution which now awards to their persecutors, their own remedy in a less unpalatable form. We should be glad to have the reports of police surgeons upon its efficacy.]—*Edinburgh Monthly Medical Journal*.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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THE LATE DR. ROBERT THAXTER, OF DORCHESTER.

[Communicated for the Boston Medical and Surgical Journal.]

DR. ROBERT THAXTER has lived too long among us, he has been too well known and too highly respected, to be passed over in silence by this Journal. After a life of more than seventy-five years, and after devoting almost fifty years to the active and responsible practice of our profession, he has gone to his rest.

Dr. Thaxter was the son of Dr. Thomas Thaxter, of Hingham. The family of Thaxters were among the early settlers of that town, in 1638, and its members have been, in each of its successive generations, among the respected and influential citizens of that place.

Dr. Robert Thaxter was born on the 21st of October, 1776. He graduated at Harvard College in 1798. He studied medicine with his father at home. There were no public medical schools in the days of his pupilage, but he attended the private instruction in anatomy which Dr. John Warren then gave to a few students.

Dr. Thaxter entered the study of his profession with zeal, and pursued it with unabated ardor ; and he continued this more than usual fondness for his hereditary and chosen employment to the end of his life. He commenced practice with his father, in Hingham, in June, 1802. There seemed then to be sufficient employment for both. They certainly were sufficiently successful ; but after seven years of joint labor, they thought the field too narrow for the mature and unabated energies of the elder, and the growing fame and ambition of the younger. Dr. Robert Thaxter, therefore, in August, 1809, moved to Dorchester. He was there immediately received into popular confidence, which he retained until his death. He soon was in active employment ; and in a few years his professional practice was extended, not only through Dorchester, but into the neighboring towns of Roxbury, Milton, Quincy, and sometimes even into towns more remote than these. He retained some of his former practice in Hingham and Cohasset, especially in cases of surgery, in which he had a considerable reputation.

From the beginning even unto the end, his life was one of labor ; and during the thirty years, from 1813 to 1843, his life was among the most laborious of the country physicians of Massachusetts. During

most of this period, his practice allowed him no leisure, and during several years, very little opportunity of rest.

In the later years of his life, the increasing population in his own vicinity, and the multiplication of physicians, limited the range of his practice, except in cases of consultation, to which he was called in other towns even to his last month.

In his early years, Dr. Thaxter was a diligent student of works on anatomy, surgery and medicine, and faithfully read the books of the time; and when the multiplied calls for active practice abroad left him little time for any continuous application to study, he continued to be, as he had been, a careful observer of the phenomena of disease. Having a good intellect, an extremely well-balanced mind, and a cautious habit of judgment, and although self-distrustful, yet relying with confidence in the principles which he had learned and the facts which he had seen, he drew safe deductions in regard to the cases that presented themselves to him. He was, therefore, always a judicious practitioner, and early established and afterwards maintained a high reputation as a physician.

His profession had no occasion for jealousy. It was his first and only love. He made medicine his almost exclusive study; and whenever he had opportunity, more than most other men, he made it the subject of conversation with his professional brethren, whose society he always sought. Even in his old age, when most men love to be rid of all thoughts of labor, he would enter into and carry on discussions of medical topics, with the readiness and interest of a neophyte.

Dr. Thaxter's great experience, his careful observation of disease, and his sound judgment and cautious habit of reasoning, recommended him to the confidence of his professional brethren, and they were glad of his aid in times and cases of doubt and difficulty. He was therefore called frequently as a consulting physician in Dorchester, and in the adjoining and even in the more distant towns. Yet he had no great self-confidence; he thought more of the cases which had baffled him, than of those which had prospered in his hands. He talked frequently of his own practice, but it was rather of his failures than of his successes; and, in his remarkable distrust of himself and deference towards others, he was continually seeking from his medical associates, even from those who were much younger than himself, for explanations of the difficulties which he had not been able to overcome.

Dr. Thaxter felt a high regard for his profession as such, and desired to obtain through it, and to give back to it, as much power over disease as possible. He felt a generous interest in the prosperity of others who were engaged in the same work with himself. He early joined the Massachusetts Medical Society, and was an active member until he was past three score and ten. He read a dissertation before this Society at its annual meeting, in 1824, on "the excessive use of ardent spirits." He was for many years one of its counsellors, and for three years its honored Vice President.

Dr. Thaxter had a strong hold upon the confidence of the people who employed him. Those who began with him, generally remained

with him. A large portion of the families who employed him when he came to Dorchester, continued to do so as long as they had need of his services.

Besides his professional character, which made him so useful to the people, his moral character was one of such great strength and purity as to secure the unwavering reliance and esteem, and ultimately the devoted attachment, of those who knew him. There was, first, his open downright honesty, his unflinching sincerity, that knew not how to flatter or to deceive by word or manner, even in the least degree, and that knew nothing but bald and exact truth. His patients, therefore, felt an unfaltering confidence, that what he said to them was the exact representation of the fact, as near as words could convey it. His only idea of language was to represent events that had happened, opinions that he held, or feelings that he had; and these he told, whether they coincided with those of his associates or not, whether they were agreeable or unsatisfactory to his companions, or whether they sustained or impaired his reputation. If he had doubts as to his treatment of a case that had been under his care, he told them to those who had suffered as well as to those who were indifferent. Some remarkable instances of this extreme honesty are known, concerning which some men, who think they have more worldly wisdom, would have held their peace. But so firmly had he established himself in the confidence of those who employed him, they had such unquestioning faith in his integrity, that very few families are known to have left him because he told them that possibly a different treatment from that which he had employed might have been more successful.

He had an extreme conscientiousness as to the right. Having determined what was best to be done, there was no difficulty, no labor, no fear of loss or of giving offence, that would deter him from it. He would not allow his own personal convenience, his comfort or his interest, to make any compromises with what he considered his duty. His families and his patients were therefore sure of his best skill and his most faithful watchfulness.

There was a nice sense of honor manifested in his intercourse with his professional brethren. He had a sort of intuitive perception of medical ethics, and obeyed them in their minutest details. Few physicians have, for so long a period, and so frequently, come in contact with so large a circle of their profession, without collision, and obtained from them such unvaried and entire respect.

Dr. Thaxter's heart was as warm as his head was correct. There was indeed a roughness in his exterior, a remarkable plainness in his sincere speech, amounting sometimes to bluntness, yet there was a warm tenderness within, an ever present and watchful desire to benefit others, to provide for their comfort or alleviate their suffering. He made rare sacrifices for the good of the distressed and the poor. He was their true and practical friend. Sometimes his patients not only needed medicine, but also peculiar and delicate kinds of food suited to their condition, which their families could not supply, or a degree of nursing which their poverty, or timidity, or want of skill prevented their

administering. In these cases he was ever ready to make up their deficiencies, giving not only drugs, but nutriment and extraordinary personal attention, where the least reward could be expected. In some families, while one member was sick, the others were necessarily hungry. Here his heart was touched, his hand was busy and his purse was open, and their distress was mitigated.

In the last few years, when the Irish population gathered more thickly about him, he was ready to attend to their wants. By night and by day, he was at their beck. His last sickness grew out of his attendance on some recent immigrants who had the ship fever. Their friends were frightened and fled; but he remained their fast and fearless friend. He carried them food, he watched and nursed them, and performed for them such necessary and even offensive offices as their own kindred and countrymen denied them. Thus he took their disease, which in him proved fatal.

He was singularly utilitarian in his works of benevolence. He only looked to the relief of distress, or pain, or want, and did whatever was needed in the cases before him. Whether money, personal service, or bread, or clothing, or medicine were needed, that and that only was given; but it was given generously, and in due proportion to the necessity of the case.

In his charities, his right hand knew not the doings of his left. Individually his gifts were not large, but they were numberless and continual, and, in the aggregate, they amounted to a great sum—they were measured and varied exactly to suit the occasion and the person in want. He made no great donations, none to societies, none to public institutions; but the knowledge of his charities is in the secret and unrecorded history of his neighborhood and his sphere of association and practice.

His acts of kindness were done so quietly as to create as little feeling of obligation as possible. There was in him an almost morbid sensitiveness and aversion to any notoriety or even expressions of gratitude. He shrank from the mention of his kindnesses as if it were distasteful to him. The poor, the distressed, his patients, were free to tell him of their wants, but they seemed not to be free to tell him that it was by his hands that their wants were relieved, and that their hearts were overflowing with gratitude towards him. Some singular instances are known, where wants were generously supplied by him when the receiver of his bounty did not even know that such necessity existed, still less that the supply came from any extraneous source.

Dr. Thaxter was a firm believer in our holy religion. He was a member of the Unitarian Church. He was a faithful attendant upon the services of the Sabbath, and of the communion. He regarded Sunday as a day sacred to the Lord, and would attend to no business, even in his profession, on that day, which could, as well for the sick, be done on Saturday or Monday. Yet he was not a man to talk of his religious or his other deep feelings; he rather practised that "pure religion and undefiled before God and the Father," which required him "to visit the fatherless and the widows in their affliction, and to keep himself unspotted from the world."

Dr. Thaxter was never married. He lived and died a bachelor. Yet in 1824, when his sister was left a widow with five small children, he took her and her family into his house, and there they remained as at a father's home. He cheerfully assumed and discharged the responsibility of supporting and training and educating these nieces and nephew with the tender interest and anxious faithfulness of a parent. They amply repaid him by their affectionate devotion and respect. They made his home social and cheerful, which otherwise would have been lonely and dreary.

Dr. Thaxter always had an unconquerable dread of a life of dependence and uselessness. In the course of his professional life he had seen many persons who had survived their activity, their physical strength and even their mental faculties, and had consequently lost their power of taking care of themselves, and become mere objects of interest, anxiety and affection, yet burdens to their friends and useless to the world. The thought of this condition was painful to him, and he earnestly hoped and prayed that his powers of body and of mind might be preserved to him until the last of his mortal life, and then that he might be spared the pains and the weariness of a protracted and wasting decay. A merciful Providence granted to him his prayer. He was in the habit of attending to business, though with diminished energy and to less extent, through the very last year of his life. He visited patients as usual daily, until Monday, the second of February last, although the fever had, even on that day, begun its work upon him. On Monday, he rose from his bed, visited his patients, and rode to South Boston, where he made a visit of charity, and carried relief to some poor friend, and then returned to his chamber; again on Tuesday he rode to Boston to attend to the business of a deceased friend, and visited some poor patients in his neighborhood, and then made his final return to his own chamber of sickness, which he never left again alive. On Wednesday he sank into a comatose state, and lingered without pain until Monday the 9th, when he died at 6 o'clock in the evening, as the flame of a lamp faileth when its oil is exhausted.

Dr. Thaxter had a remarkable and abiding affection for his native town, and for the scenes and associations of his childhood. Throughout life he retained his early veneration for his father, and fondly referred to him and quoted his opinions, even to the last of his days. What the father had been to the child, in his early years, an object of deferential love and undoubting respect, he remained ever afterwards to that son, even after he himself had become an old man and was looked up to, by the world, as full of wisdom as well as of years.

His original, affectionate and respectful regard for his native town and for the friends and families whom he had first known, was retained and cherished as long as his heart continued to beat. Though he was often called to cases of great professional responsibility, and often these were among those whose discriminating confidence was an honor, yet no calls gratified him more than those which carried him to Hingham, and especially to those families who, or whose fathers, had formerly put their trust in his own father. His ambition was pleased, that his professional reputa-

tion should call him so far from his residence to minister to the sick. Yet his heart was more gratified, that his father's friends, or his own early friends, or their children, still remembered him and wanted to put their trust in him in times of their suffering and danger. He visited Hingham on these and other occasions as a child goes back to his paternal home, from which his affections had never wandered, although his body and his intellect had found their sphere of action elsewhere. And when, on Thursday following his death, his friends carried his mortal remains to the land of his birth, and deposited them in the old family tomb in Hingham, they felt that they were accomplishing his long and unwavering desire, that at last he should be gathered unto his fathers, and his dust should be left to mingle with that of his ancestors, and his bones sleep forever where his heart had from the beginning most fondly dwelt.

E. J.

Dorchester, May 15th, 1852.

OSSEOUS REPRODUCTION AND REPARATION—REFLECTIONS THERON, WITH SUGGESTIONS.

BY GEO. J. ZIEGLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

COMPLETE reproduction, or regeneration of the bones, has long been a subject of doubt with pathologists ; but this cloud of uncertainty is being slowly dispelled, in consequence of the gradual accumulation of positive evidence in its favor, by the occasional occurrence of undoubted cases of such, reports of which have been, and are, from time to time, brought forward. Yet as this event is extremely rare, and seemingly a merely incidental issue of the recuperative efforts, and apparently an exception to the general rule, though doubtless strictly in accordance with the laws which govern all such conservative processes of the economy, there would appear to be but little practical instruction derivable from the knowledge within itself, of the fact ; still, by thus teaching us the full capacity of the organism, and the extent of its regenerative powers and conservative energies, it will induce us to make more hopeful and decided efforts in the attempt to restore those partial losses and minor deficiencies, which would otherwise, from their extent and magnitude, seem to be almost insuperable and impossible. In addition to the certainty of complete regeneration, it is found that this power is greater in the long, than in the short and broad bones. Hence it is evident that, if nature unaided is occasionally adequate to the restoration of such extensive deprivations, judiciously aided by art she will more frequently and successfully exert to the fullest extent those recuperative energies with which she has been so bountifully endowed, and thus in preserving the organic structure, correcting its aberrations, and in supplying its deficiencies, ultimately accomplish all that was originally designed.

The knowledge, therefore, of the limits assigned to the organic regenerative forces, is undoubtedly highly valuable in teaching what is, and what

is not, possible. It is only by a close observation of nature that we are at all able to acquire that superior knowledge, necessary and essential to effectually aid her, in her too frequent labored and inefficient conservative and reparative efforts, and are able more rapidly to extend to the prescribed bounds those protective and remedial measures and processes, which science and art, through human ingenuity and intelligence, are so abundantly able to furnish and induce.

As the process for the restoration of the tissues generally, and the osseous tissues particularly, is somewhat analogous, if not usually, where it is accomplished by the re-production of the same material, essentially similar to that of the original development, instruction respecting its deficiencies and aberrations will be derived from a previous cursory consideration of this natural process of restoration. And as the phenomena of minute changes are always more clearly exhibited in those of an extensive and more definite character, our attention, therefore, will be more particularly directed to such as are manifested in the reparation of those solutions of continuity of the osseous structure so often resulting from accident.

This in the first place, like that of development, is also by means of a plasmatic exudation, within, between, and around the extremities of the disrupted part, analogous to and representing the first stage of ossification; then by means of vascular development and cell action in this plastic mass the cartilaginous transformation is effected; and finally, after this is sufficiently perfected, the third stage progresses by the deposition and arrangement in it of the calcareous matter; and the whole process of ossification and reparation is thus fully accomplished. In the very beginning of this reparative process, however, these mutations are perfected much more rapidly than subsequently, resulting in the production of that temporary attachment and support denominated the provisional callus, after which, in accordance with the organic laws for permanency of structure, there is a more limited and gradual exudation, conversion, and ultimate consolidation, by the construction and completion of the definitive callus or permanent connection, which action is attended with the coincident or subsequent absorption of the former temporary fabric.

In the reproductive effort where the lesion is of an extensive character, necessarily requiring a long period for its restoration, this temporary structure and support is also generally previously constructed, thus closely imitating the more strictly reparative process; in others, however, of a more limited character, it is analogous to that of the original development.

In the first place, therefore, for the more certain prevention and rectification of these solutions of continuity, and the successful accomplishment or induction of the above-mentioned emendatory processes, it is necessary to ascertain the character, condition and peculiarities of system and corollary circumstances, in which they are most likely to happen, and by which their continuance is controlled and governed, and upon which the failure of these restorative processes so often depends.

The general diathesis is usually dependent upon a degenerate state or tendency, or a deficiency of those substances and a necessary priva-

tion of that vital energy essential to the perfection of normal structure and healthy organic action.

In addition to this general depraved condition of the economy, there is a still greater proportionate tendency to these lesions of the osseous system, from the peculiarities of the structure itself. Thus the aberrations and diseases to which it is subject, and by which its tissue is so often modified and its integrity destroyed, are generally of an asthenic character, or assume this type in consequence of the predominancy of the tendency, from the density of its texture, its necessarily limited vascularity and proportionately low vitality, their frequent long continuance being to a great extent dependent on these peculiarities, and consequently often prolonged much beyond the period sufficient to destroy effectually the softer and more highly organized tissues; thus gradually not only consuming and exhausting the materials and energies of this particular structure, but those of the organism generally.

The special deficiencies of system and circumstances promotive of these abnormal deviations and conditions, either congenital or acquired, and separately or conjoined, are, to a great extent, the same as those noticed under the head of lesions of development and nutrition; yet, as there are some more peculiar to those under consideration, as previously stated, and in consequence of the importance of the subject, it is hoped that a partial repetition will be permitted. They are, first, an insufficiency of plasma, for the purposes of general nutrition and the special mucous or fibrous deposit; secondly, insufficiency of the inorganic constituents, calcareous especially; thirdly, sufficiency of both components, but unequal distribution and appropriation of them; fourthly, sufficiency and partial deposition, and conversion of one or both, but a premature subsidence of the local nervous and circulatory afflux and cell action before the restorative process is fully accomplished from inanition; fifthly, material moderate or even abundant, action regular and product normal, but an arrest of the second, and demolition of the part constructed, during the progress or subsequent to the completion of the restorative process, from the excessive waste or consumption in the system, or the intercurrent of some complicatory affection—thus by diversion of the nervous and vascular tendencies, absorption, local inflammation, or otherwise, causing a partial or complete destruction of the deposited and organized mass; sixthly, the abortion of the restorative or reuniting effort, in consequence of imperfect apposition or deficient circulation, &c., from the undue separation of the parts or extremities, by the mechanical interposition of foreign agents, as muscle, fragments of bone, hydatids, improper position, tight bandaging, &c.

In the effort at conservation and restoration, the reproductive agency can be active only to a limited extent, and is, *cæteris paribus*, so much the more powerful and efficient, as the loss or destruction of the original structure is gradual. Where this is sudden and extensive, as in amputations, the regenerative effort does not seem to be made, or, if made at all, is so very feebly exercised as to be unobservable; but where the destruction is slow, as in exfoliation, caries, necrosis, &c., and, to a certain extent, even when rapid, as in excisions, the recuperative forces are,

frequently, coincidently and proportionately active; and in the former, where there is a sufficiency of material and systemic energy, the diseased or dead bone is generally enclosed or circumscribed and gradually discharged, or directly thrown on the surface for its expulsion from the system, the organic action continuing till that which has been destroyed is partially or completely restored. But, as before stated, this effort at reproduction is often inadequate in consequence of the insufficiency of material and debility of the general system, the local affections becoming thus necessarily more prolonged and destructive, their protracted continuance being, probably, generally directly dependent on this deprivation, and from the constantly increasing exhaustion becoming thus more and more strongly confirmed, and rendering the system less capable of protecting or sustaining itself, until the cessation of the disease; and still less adequate to its arrest, which, when the materials and organic energies are sufficiently abundant and powerful, is usually inoderated and controlled, and the losses readily restored by the regenerative action. Therefore it is evident, that by properly aiding nature, these processes will be greatly promoted, and the separation of the diseased or dead mass more effectually and speedily facilitated, though in those cases of necrosis in which the dead bone is usually enclosed, it would seem objectionable to thus favor its confinement; yet as this separation must necessarily take place, and in this mode which nature so frequently adopts, and as great injury to the economy, as well as to the particular structure, may result from the otherwise unavoidable protraction of the disease and consequent exhaustion, with the absolute certainty of the failure of the restoration, and probably ultimate destruction of life itself, it would appear better to thus hasten the separation and encourage the enclosure, especially as the sequestra can, if necessary, be effectually removed through artificial cloacæ.

[To be continued.]

FRACTURE OF THE SPINOUS PROCESS OF THE FIFTH CERVICAL VERTEBRA, CAUSED BY A SUDDEN STRAIN OF THE PARTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the following case of sufficient interest to merit a place in your valuable Journal, please insert. Yours, &c.

Worcester, Vt., May, 1852.

T. B. LADD, M.D.

J. S., aged 30, was injured Aug. 18, 1850, under the following circumstances. Being engaged in a playful scuffle, he seized his antagonist by the leg, and was in the act of pushing him over backwards; and while in a stooping posture, he received a sudden twitch which threw him forward with considerable violence, the head being flexed upon the chest in such a manner that he struck upon the occiput, and then keeled over. All present agreed that he could not have received any direct blow upon the neck, as the ground was quite smooth. He imme-

diately found himself perfectly helpless. I saw him about three hours after the injury. Complete paralysis and anæsthesia of the body and limbs. Complained of severe pain through lower part of cervical region, extending to top of shoulders. Pressure at this point caused severe pain, as also did any attempt to bring the head forward, yet no deformity or crepitus could be detected. As I had but recently commenced practice, I sent a request to Dr. Deming, of Calais, to see the patient, in the mean time bleeding him from the arm, as he seemed rather pléthoric. Dr. D. soon arrived, and made an examination with the same result as above stated.

Next morning febrile action had set in briskly. A catheter was now introduced for the purpose of relieving the bladder, the paralysis of which was found to be so complete that the urine could be made to flow only by the force of gravity. Our next care was to get his bowels to act. Saline cathartics were administered, but had no effect. We then resorted to croton oil, of which he took about twenty-five drops, assisted by stimulating enema, before catharsis was induced. Discharges involuntary. Febrile action soon began to abate. Bowels afterwards moved without much difficulty. In a few days, urine became alkaline and loaded with mucus; afterwards purulent, bloody and *very* offensive. During the first forty-eight hours he regained the power of *slight* voluntary motion in the fore-arm, after which there was no improvement whatever in motion or sensation. Cups were applied to back of neck, followed by continued counter-irritants. If the blister began to dry, the pain and lameness increased immediately; but under their continued use, both gradually subsided, so that during the last week of his life he could move his head quite freely, and with but little inconvenience.

In about ten days the febrile action mostly subsided, tongue cleaned and appetite returned; but his flesh wasted rapidly; in fact, the vital powers seemed to be slowly but steadily giving way. He now began to have paroxysms of dyspnœa from collections of mucus in the air-passages, over which he had but little control, the diaphragm having no antagonist. These became more frequent and distressing, until he sank at last exhausted, Aug. 25th, thirty-six days and a half after receiving the injury.

During the progress of the case, he was seen by Drs. Clark and Rublee, of Montpelier, in consultation, both diagnosing some injury to the spinal cord, the exact nature of which could not be made out.

Post-mortem Examination, ten hours after death, in presence of Drs. Deming and Rublee. Parts about neck much congested. Removed six inferior cervical vertebræ entire, when it was found that the spinous process of the fifth was fractured laterally through the lamina and pressed down upon the cord. The fragment was with some difficulty removed, in consequence of the inequalities of the broken surfaces. Cord appeared much flattened—membranes entire. On cutting across these, the substance of the cord was found to be mostly absorbed, and what remained was about the consistence of cream; below this point, as far as examined, *slightly* softened.

THE EMPIRE SPRING AT SARATOGA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I wish to call the attention of the profession (through your valuable Journal) to the *New Empire Spring*. It has not been much used as a *remedial agent* until within the last five years, but is now rapidly coming into use. We have long felt the need of a water at Saratoga Springs which would be powerfully alterative, without the (iron) tonic ingredients.

Many of the invalids visiting our springs, have difficulties more or less involving the lungs, and they have found the free use of Congress water (which, by the way, is an invaluable medicine for many diseases) to produce a tightness of the chest, dry cough, and general febrile excitement, much to their annoyance. Lung diseases having greatly increased within a few years, we have felt an increasing embarrassment in prescribing our *iron* waters to patients laboring under such difficulties, and our attention was anxiously called to the *analysis* of the New Empire Spring.

The almost entire absence of our enemy (iron), and the harmonious combination of its ingredients, constrained us to think it no *mean water*, and as an almost providential discovery in our emergency—and so it has proved. After testing it for several years, we find our most sanguine hopes more than realized.

I am now using it with the greatest freedom in pulmonary diseases, and with the most satisfactory results. Instead of febrile action and a hot skin, I find in most cases a mild sudorific effect very soothing to my patients. In severe cases of dyspepsia, when the usual salutary effects of the other springs have failed, or have been too irritating, I have prescribed this with marked success.

Persons afflicted with scrofulous diseases are also using this water with the most signal improvement.

Saratoga Springs, May 4, 1852.

Truly yours,

L. E. WHITING.

PREVENTION OF SALIVATION.

[Communicated for the Boston Medical and Surgical Journal.]

I WISH to communicate a fact to you that has recently fallen under my observation, which may be of some interest to the profession generally. All physicians are aware of the salivating effect of calomel, and of the inconvenience that arises from sore mouths and other irritating complaints that affect the patients. I have had several persons under my care to whom I have been obliged to administer calomel, which I have mixed with supercarbonate of soda, in the proportion of about twice the amount by weight of soda. To one patient in particular, whom I have attended for about ten weeks, I have given three grains of calomel with six grains of soda daily for five weeks, besides administering it frequently during the rest of the time. As yet he has not suffered at all from the salivating effect of the calomel, which has nevertheless been

very beneficial to him. Is it possible that these were all persons not susceptible to salivation? Or is the absence of salivation to be attributed to the supercarbonate of soda?

GEORGE STEARNS.

Groton, Mass., May, 1852.

CHLOROFORM—PRACTICAL REMARKS ON ITS USE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Several deaths from the use or abuse of chloroform having been recently reported in the medical journals, the attention of the profession has very properly been directed to it. Probably, if the article in question were some inferior one in the materia medica, its fatal effects, in one such case as that which occurred at New Haven, would condemn its use at once, without any inquiry as to whether its bad effects might not have resulted from carelessness in its use. And even in the present case, many, on hearing of such results, unhesitatingly and uncompromisingly pronounce against the use of chloroform, asserting that, in ether, we have a safer, and, with some trifling exceptions, an equally good anæsthetic agent. Others, on the contrary, seeing that chloroform is much more speedy and sure in its effects, and more agreeable to the stomach, requiring to be used in smaller quantity than ether, are not disposed to give it up so readily, even in the face of such unpleasant results.

To this latter class, I must confess, I belong. I willingly admit that if it can be settled, beyond doubt, that there are some persons to whom chloroform, however carefully administered, is sure to prove fatal, and that it is impossible to tell beforehand in any case whether it may be inhaled with safety or not, there is no room for discussion; the inevitable conclusion is, that the use of chloroform should be abandoned entirely.

How, then, are these points to be determined? As the rationale of the effect of chloroform, in these untoward cases, is, as yet, not understood, the conclusion we come to must be entirely empirical.

We should naturally suppose that if there were those, who, from some constitutional idiosyncrasy, could not survive the effects of chloroform, they would be oftener met with by those who use it constantly. The cases alleged to be such, are, however, exceedingly rare. Where one surgeon, in a course of several years, has met with one unfortunate case, no such has ever occurred to hundreds of others, who have been in the daily and almost hourly practice of using chloroform. What, then, is the natural inference from such a fact? Is it not, that the unfavorable results on record are more likely to have been owing to negligence or carelessness on the part of the operator, than to any peculiarity of constitution in the patient? One thing, I think, is quite sure, that if there were such negligence of precautionary measures in a fatal case, it would not be reported to the profession. Hence some allowance must be made for mental reservation.

That much circumspection is necessary in the use of chloroform, is

admitted by its warmest advocates. Experiments on animals show conclusively, that, if given in excess, it will produce death. The same, however, is true of many other remedial agents in use, and is not considered a sufficient reason for their abandonment.

That some persons cannot bear so much as others, we admit; but it is equally true that they do not need as much. How, then, are we to determine, in a given case, when it will not be safe to allow a farther inhalation of the chloroform? Manifestly by the state of the pulse and respiration, and the appearance of the countenance. Let an assistant have, from the beginning, command of the pulse, and watch closely the breathing and the countenance, and in my opinion they will indicate to him, invariably, any unfavorable change in the patient requiring him to stop the administration of the chloroform.

Again, the mode of giving the agent I conceive to be, oftentimes, a cause of its untoward effects. The ordinary mode, in this country, is to pour upon a sponge, adapted to the purpose, from two to six drachms of the liquid, and then apply it to the mouth and nostrils so closely that little if any atmospheric air is likely to be breathed in with it. This I believe to be entirely wrong. The inhalation of more or less air with the vapor of chloroform is absolutely essential to the perfect safety of the patient. I have only wondered, on seeing the manner in which chloroform and ether are used at some of our institutions, that it did not oftener prove fatal. I have been in the habit of using it, from the time of its first introduction as an anæsthetic agent, until now, and have given it to those of almost every age, and, it seems to me, every variety of constitution, and never with any unpleasant results. I have given it repeatedly to infants not a year old, and often to persons of 80 years of age. I have frequently, in cases of protracted operations, kept patients under its influence from one to two hours, and have always used the article in its pure state. Whether it is owing to the fact that I have never met with one of the peculiarly unfavorable constitutions, or to the precaution which I observe in administering the chloroform, that I have never, in my own practice, witnessed any bad effects from it, I cannot of course tell. I attribute it, however, to the latter cause. Instead of a sponge, I use ordinarily a folded linen handkerchief, on which I pour about a teaspoonful of the liquid. I apply it, at first, loosely to the mouth and nostrils, thereby giving free access of the air to the lungs. Usually, the patient, after a few moments inhalation, is disposed to push the handkerchief away, which I allow him to do. In a short time, however, he becomes quiet and reconciled to its effect, and the chloroform being renewed in small quantities, as occasion may require, the anæsthesia is gradually brought on. When insensibility is produced, I cease giving the chloroform until the patient shows signs of coming to, when I apply it again, and so on until the operation, whether long or short, is completed. In this way, I believe, the anæsthesia may be produced with perfect safety, and continued to any reasonable length of time; and even if there are those (which I am not ready to admit) to whom, from constitutional peculiarities, the chloroform is not likely to prove agreeable, I think the ordinary precautionary measures will indi-

cate such idiosyncrasies to us, before any fatal effect will have been produced.

It is reported, that out of ten thousand cases, in which it was employed at St. Bartholomew's Hospital, not one death occurred from its administration. If the experience of surgeons in general, who have used it most, could be known, I presume it would be equally in favor of the safety of its use.

I sincerely hope, then, that an anæsthetic agent so valuable, will not be superseded by one less so, until the danger alleged to attend its general use shall have been more satisfactorily settled. G. HEATON.

Boston, May, 1852.

PURPURA HÆMORRHAGICA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I was rung up yesterday morning, at 4 o'clock, by an Irish friend, who wished me to go and see his little daughter, who, he said, was bleeding from the nose, and they could not stop it. I found my patient bleeding, as represented, and also vomiting, every few moments, considerable quantities of the same vital fluid, which I felt satisfied could not all have been swallowed. She was *very* pale, with lividity of the lips, and a pulse that indicated a critical situation. The entire body and limbs were covered with purple spots, from the size of a flea-bite to that of the palm. I learned that she had generally been considered a healthy child, but had been unwell for two or three weeks, and during this time had been noticed to look yellow. For a few days past she had been troubled with diarrhœa, with little or no discharge of blood. She had bled slightly from the nose twice before the final attack. The case terminated in death at 6 o'clock the same evening. The remedies used were, locally, ice to forehead and back of neck, astringent applications to the Schneiderian membrane, and plugging the nose; with acetate of lead, turpentine and opiates internally. The treatment may have slightly retarded the fatal termination, but could not prevent it.

Taunton, May 9, 1852.

C. HOWE.

DEATH FROM THE USE OF CHLOROFORM.

[The following letter from one of our western subscribers gives the particulars of a case which was incorrectly alluded to in the "Miscellany" in a late number of this Journal.—ED.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I wish to correct a mistake which I find in the Boston Medical and Surgical Journal of the 28th April ult.—to wit, that I had incidentally mentioned having lost my wife by the inhalation of chloroform, two years ago. I will likewise state that it is the same case that was published in the Journal as having transpired two years ago last

August, in Detroit, which was also a mistake. I last fall wrote to a medical gentleman in Boston, giving a history of the disease of a friend who is laboring under a complication of diseases, and, among other things, mentioned depression of mind in consequence of having lost his wife by inhalation of chloroform. The ridiculous light in which I must appear to the readers of the Journal, for letting the case pass over two years without notice, and then merely mentioning it incidentally, induces me now to write to you. I neglected reporting the case at the time, to spare the feelings of a young man, my colleague, who was extremely sensitive on the subject, and who strongly objected to my reporting it for fear of injury to himself; but as there have many misstatements gone abroad in regard to the case, I will give a brief detail.

I will premise that I had repeatedly been present when he had administered chloroform with the most happy effect in minor operations. In this instance, he gave a drachm on a handkerchief, which the patient inhaled without any apparent effect, and he then added about half a drachm, I watching the effect closely. After inhaling again a few times, she said she felt the effect a *little*, but the operator and myself could not perceive any influence. Yet willing she should think that she would not experience any pain, the instrument was applied, and as the tooth was extracted she raised her hands to her face and exclaimed, "Oh!" then letting her hands drop, she sat erect about six seconds, when her head dropped upon her breast. I felt for her pulse, but there was none. She respired not more than three or four times, and was dead! It did not exceed three minutes from the first inhalation until life was extinct. That the effect of chloroform was progressive in this case, is certain. I could detail many circumstances relating to the case, such as age, complexion, apoplectic predisposition, and other physical matters, but do not conceive it to be of interest in these days of chloroform. I will add that she was a resident of Detroit, but was in this place on a visit.

Respectfully yours, A. E. NOBLE.

Port Huron, Mich., May 10, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 19, 1852.

Treatment of Consumption.—With all the alleged remedies and proposed palliatives, this disease still defies the skill of the profession. Irregulars are managing a profitable business, simply because sufferers by consumption have no confidence in any order of educated physicians, whether of the old school or new. No one is blameable for this state of things, and yet it is excessively mortifying that accomplished, learned practitioners cannot compete with ignoramuses who never read a book in their lives. We are told that the reason why such adventurers are employed by those who ought to set a better example, and show some respect for a well-taught, laborious, conscientious medical adviser, is that the profession has not made a single advance in regard to the treatment of

pulmonary consumption since the days of Galen, and therefore it is justifiable to call upon those who are trying to improve upon the little they do know. Thus quacks are supposed to be advancing, while we stand still, in the dignity of insulted majesty, feeling that our rights have been invaded by knaves. This impression is extensively radiating; and if we cannot make any judicious movements in this particular line of medication, our services will ultimately be wholly dispensed with, and a further mortification may be expected. Persuading patients to go south to die, or urging them to remain at home in the midst of their friends, effects no cures. Why would it not be advisable to give them an opportunity to try the influence of an extreme northern location? Our medical friends have not experimented in that direction, and consequently the field is open for a beginning. Without assigning reasons for suggesting this plan, there are strong ones for believing that beneficial results might be calculated upon by adopting this new course. If any of our correspondents have made explorations, and ascertained what might be expected, good or bad, from placing consumptives at the north of Quebec, at an early period of the disease, it would be extremely gratifying to hear from them.

Progress of Medicine in America.—Whatever of importance is discovered in Europe is quickly propagated in the United States. Youthful as the institutions of this country are, they contain the elements of thrift. They encourage the search after knowledge from all parts of the globe, and its diffusion among the people. This is the way to have a nation of intelligent minds. True prosperity and happiness depend upon education, and the moral nature is strengthened and matured by those processes which unfold the innate powers of intellect. The more science we have in practical medicine, the more we shall want; and predicated its future state upon this acknowledged principle, it is probable that this comparatively new region of the world is destined to take the lead in coming ages, in medical literature and science, as is now done by London and Paris. At present no section of Europe can boast of a higher order of professional talent, or greater devotion to the interests and advancement of whatever pertains to the healing art, than America. It is quite wonderful, since the organization of the United States government, still within the recollection of many living witnesses, how much has been accomplished among us. Schools, books and libraries have multiplied astonishingly, and within fifty years far more has been gained for science and humanity than marked the progress of the same pursuits in Europe in two centuries. But this is due in a measure to the industry of the fatherland. We shine in too many borrowed plumes. Respecting the number and activity of our schools of medicine, no comments are here necessary; since it is obvious that, while they are too numerous for themselves as well as the public, they actually give an onward and upward tone to the progress of the doctrines they teach. While the old countries, therefore, are approaching their dotage, young America is full of life and vigor. Medicine in America cannot lose its character, nor permanently deteriorate. The weeds of opposition may interfere for a time with its growth and choke it, but it will live, expand and benefit the nations. In no one branch of human acquirements, we are inclined to think, will these United States take a more pre-eminent rank, in future years, than in medicine. If our

present condition is any indication of progress, there is no limiting the extent of our successes in this noble, but at present imperfectly appreciated science.

New Medical Journals.—Notwithstanding the overstock of medical periodicals, several new ones are already projected, and a further subdivision of patronage must necessarily follow to sustain them all. It is quite surprising that such a flood of Thomsonian and other kindred anomalies, under the general name of *reformed practice*, can be sustained. Yet from the fact that many of them have been published several years, uninterruptedly, it is clear that somebody pays for them. There are nearly if not quite as many monthly Journals of this cast, in the United States, as of the legitimate kind. It is but a little while since the first homœopathic periodical was issued. It was uniformly noticed as a sickly plant, that would wilt and die under the sunshine of true science. Contrary, however, to the prediction, it is alive, and seven others have sprung up, boasting of a vigorous constitution. When each man and woman has a Journal to be the exclusive organ of their individual opinions on medicine, the millennium will be near at hand. At the present rate of multiplication, the tendency is to provide each one with a sheet that heralds his views and theories, without reference or deference to the accumulated wisdom of others.

Medical Movements.—The chair of Theory and Practice in the Philadelphia College of Medicine has been vacated by the resignation of Prof. Thomas D. Mitchell.—Dr. Walter Channing, of Boston, sailed last week for a pleasure tour in Europe.—Dr. H. A. Ramsay, of Georgia, has issued another card, directed to medical men, in regard to his difficulty with Dr. Robertson, in which he says, "*I am fast going to the spirit land.*" Dr. Mott has resigned his place.

Progress of the Plague.—For some months the plague has been doing its destructive work in Madeira. More recently the frightful malady has been developed in some of the West India islands. It will most probably reach the United States, and a great panic will be produced when the first case appears.

Norfolk District Medical Society.—This Society held its annual meeting at Dedham, on Wednesday the 12th inst., and elected the following officers.

Dr. Ebenezer Alden, of Randolph, *President*. Dr. Appleton Howe, of Weymouth, *Vice President*. Dr. Edward Jarvis, of Dorchester, *Secretary*. Dr. Danforth P. Wight, of Dedham, *Treasurer*. Dr. Lemuel Dickerman, of Medfield, *Librarian*.

Drs. Ebenezer Stone, of Walpole; Henry Bartlett, of Roxbury; Benjamin Mann, of Foxboro'; Stephen Salisbury, Jr., of Medway; Christopher C. Holmes, of Milton, *Censors*.

Drs. Ebenezer Stone, of Walpole; Henry Bartlett, of Roxbury; Benj. Mann, of Foxboro'; Danforth P. Wight, of Dedham; Ebenezer Woodward, of Quincy; Jonathan Ware, of Milton; Simeon Tucker, of Stoughton; Edward Jarvis, of Dorchester, *Counsellors*.

Drs. Erasmus D. Miller, of Dorchester; Erastus H. Clapp, of Wrentham, *Committee of Supervision.*

Dr. B. E. Cotting, of Roxbury, read an able and instructive address on the necessity of more careful study of the natural history of disease, and the danger of too great reliance upon the efficacy of medicine, and too little on the natural limits of disease. The address was replete with cautious reasoning and wise suggestions.

The Society requested a copy of the discourse for the press and distribution among the members.

Dr. Jarvis read a report of the committee appointed last year to petition the Legislature to grant more facilities to the people of Norfolk county for the admission of their lunatics into the State Lunatic Hospital. The committee had petitioned the General Court for this purpose, but their request had not been granted.

The committee made a report upon the present law for the admission of patients into that institution. It seems that the law provides for the admission of only three classes of patients.

1. Those who are "so furiously mad as to be manifestly dangerous to the peace and safety of the community to be at large." These are committed by the courts.

2. Paupers, sent by the overseers of the poor.

3. Poor persons, whose cases are recent. These can be admitted by the trustees.

No provision appears to be made for the admission of mild and harmless cases, unless they are paupers, or unless they are poor and their diseases are of short duration.

The Society voted unanimously to petition the next Legislature to authorize some other officers, in addition to those now empowered, to examine cases of lunacy and grant permission to enter the hospital. They voted also to petition the Legislature to alter the law so that mild and harmless cases may be legally admitted, and the law conform to the present custom, which is right in this respect.

They voted that the petition be signed by each member and be presented by the President and Secretary, and also that each member be requested to use his influence with the representatives who shall be elected from his town or city, and the senators who shall be within his sphere, to induce them to aid in this measure.

A petition was drawn up for these purposes and signed by all who were present, and will be sent through the county before the next session of the General Court.

The Society voted to discuss in free conversation the subject of autumnal diseases, at its next meeting, in November.

Dorchester, May 18, 1852.

EDWARD JARVIS, *Secretary.*

American Medical Association.—We are indebted to the politeness of the Editor of the New Jersey Medical Reporter for printed slips containing a condensed report of the proceedings of the late meeting at Richmond. We have space this week for only a small portion of the report. The Association met in the Second Presbyterian Church, the President, Dr. Moultrie, of Charleston, S. C., in the chair. A committee of one from each State nominated the following officers for the present year, and they were duly elected. *President*—Beverly R. Welford, M.D., of

Virginia. *Vice Presidents*—Jonathan Knight, M.D., of Connecticut; James W. Thompson, M.D., of Delaware; Thomas S. Simons, M.D., of South Carolina; Charles A. Pope, M.D., of Missouri. *Treasurer*—D. Francis Condie, M.D., of Pennsylvania. *Secretaries*—Drs. P. Claiborne Gooch, of Virginia; Edward L. Beadle, of New York. *Committee of Publication*—Drs. D. F. Condie, Isaac Hays, Isaac Parrish, G. Emerson, G. W. Norris, of Pennsylvania; P. C. Gooch, of Virginia; E. L. Beadle, of New York. *Committee of Arrangements*—Drs. T. Campbell Stewart, John Watson, Wm. Rockwell, James R. Wood, Rob't Waus, Jr., Alfred Post, John G. Adams, H. D. Bulkley, all of New York, where the Association is to meet next year.

Dr. Hayward presented the report from the Committee on Prize Essays, and broke the seal of the packet, containing the name of the author of the essay entitled, "On Variations of Pitch in Percussion and Respiratory Sounds and their application to Physical Diagnosis," which was deemed worthy of the prize. The author proved to be Dr. Austin Flint, of Buffalo, New York, to whom the prize was awarded, and the report referred to the Committee of Publication.

Reports of various other committees were presented and also referred to the Committee of Publication. A communication from the New York Academy of Medicine, respecting the clinics of medical colleges, was referred to the same committee. The subject of amending the Constitution of the Association elicited, as was anticipated, much discussion. The following extract will explain briefly what was done.

"The subject of altering several important provisions of the constitution having been presented in a majority and minority report, both submitted by different portions of a committee, to whom the subject was referred last year, claimed a considerable share of attention in the Association, and much interesting discussion ensued in which some of the most distinguished men of our profession participated; and the Committee who were charged with condensing the subjects of both reports into one, so far as they could be made compatible with each other, presented a series of well-digested propositions, which, after free discussion and some alterations, were laid on the table till next year, then to be taken up and finally acted upon. These propositions embrace the absorbing question of delegation, and present a conservative policy, which may probably be adopted, as it is evident the Association is not yet fully prepared to exclude the schools from a representation at its meetings."

A fully developed fœtus was taken from the body of a woman at Utica, New York, who recently died at the age of 77. She had carried it 46 years! The particulars are promised.

DIED,—In New York, Geo. H. Kingsbury, M.D., 30.

Deaths in Boston—for the week ending Saturday noon, May 15, 66.—Males, 37—females, 29. Disease of bowels, 1—disease of brain, 1—congestion of brain, 2—consumption, 15—convulsions, 3—debility, 1—diarrhoea, 1—dropsy, 2—dropsy of brain, 2—drowned, 1—erysipelas, 3—scarlet fever, 2—hooping cough, 1—disease of heart, 4—hemorrhage, 1—intemperance, 2—infantile, 4—inflammation of lungs, 3—disease of liver, 1—measles, 1—palsy, 2—rheumatism, 1—disease of spine, 1—inflammation of stomach, 1—suicide, 1—teething, 2—tumor, 1—unknown, 1.

Under 5 years, 13—between 5 and 20 years, 6—between 20 and 40 years, 25—between 40 and 60 years, 15—over 60 years, 2. Americans, 25; foreigners and children of foreigners, 41. The above includes 10 deaths at the City institutions.

Post-mortem Examinations for Legal Purposes.—The following law was enacted by the Legislature of South Carolina at its last session.

An Act to provide by Law for the Compensation of Physicians for Post-Mortem Examinations.—Be it enacted by the Senate and House of Representatives now met and sitting in General Assembly and by authority of the same, That the following compensation shall hereafter be allowed to any physician who may be called in by the acting coroner to make a post-mortem examination, to wit: Where death has resulted from external violence, and where no dissection is required, the sum of ten dollars; where dissection is necessary, and no interment has taken place, twenty dollars; for the same, after one or more days' interment, thirty dollars; for the same, when any chemical analysis is required, a sum not exceeding fifty dollars, together with the expense of such analysis; and that in every case in which a physician shall be called to any distance beyond one mile, he shall be allowed the mileage usually charged in his neighborhood: Provided, that in all cases in which chemical analysis shall be made, the physician who shall make the post-mortem examination shall furnish to the Legislature, with his account, a full statement of such analysis: And, provided, every account presented for services for any post-mortem examination, shall have the certificate of the coroner, or magistrate acting as coroner, that the services were rendered."

Disinfecting Property of Chloroform.—Dr. Auguna, of Constantinople, in a Memoir (sopra una nuova proprietà del cloroformio), establishes the excellence of chloroform as a disinfecting agent, and shows, by reference to some highly interesting experiments, how this, its newly-discovered virtue, distinguishes chloroform from the older anæsthetic sulphuric ether. Taking three wide-mouthed and thoroughly clean bottles, Dr. Auguna placed in one a small quantity of chloroform, and in another a small quantity of sulphuric ether; while into both he introduced a piece of the muscle of the ox. The muscle was placed in the third bottle, but no fluid was added; the three were then accurately closed. It was soon observed that the color of the flesh in the bottle containing chloroform changed from a deep red, its original hue, to a vermilion shade, but that the muscle in the bottle containing ether remained unchanged. At the termination of a week, the effect was still more clearly displayed; while the flesh in the bottle of air remained unaltered, that in contact with the chloroform had assumed the appearance of cooked meat. Upon opening the bottles, the flesh in the ether, and that in the air, exhaled a most offensive odor, and was itself far advanced in putrefaction. Not so that preserved in chloroform; it remained still undecayed, and possessed no smell, save that peculiar to this fluid. It is not only over flesh, but over fruits and seeds, that Dr. Auguna has found chloroform to possess an antiseptic property. Dr. Auguna estimates that $\frac{1}{200}$ of chloroform is sufficient to oppose the putrefaction of a piece of fresh muscular fibre.—*Gazetta Medica Italiana.*

Appointment in the University of New York.—We have great pleasure in announcing that the chair of Anatomy in the University of New York, vacated by the death of Dr. G. S. Pattison, has been filled by the appointment of Dr. Wm. H. Van Buren, a gentleman admirably calculated to occupy, with credit to himself and profit to the school, so distinguished a post.—*Philada. Med. Examiner.*

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, MAY 26, 1852.

No. 17.

PROFESSOR CHRISTISON'S LECTURE ON THE PRESENT STATE OF
MEDICAL EVIDENCE.

[Concluded from page 296.]

THESE are the principal measures which, so far as I am acquainted with the subject, might be adopted without much difficulty by courts of law for the improvement of medical evidence. But the medical profession may also contribute largely their share towards its elevation.

If comparatively little has been said in the preceding remarks of the defects arising from the deficient knowledge, prejudices and errors of medical witnesses, it is not because these defects are not flagrant enough, or because I am not quite sensible of the discredit they have brought upon medical science ; but because I could not go more amply into the subject without frequent allusions, which might be applied, possibly erroneously, or, if with justice, nevertheless to individuals, who after all were perhaps not so much to blame as the negligence of our courts, which left the door too open for error and ignorance to enter. Unfortunately there can be no doubt that there is much room for reformation in the habits and even principles of medical men as medical witnesses.

1. In the first place, a more general and accurate acquaintance with the facts and principles of medical jurisprudence is desirable. There is no greater or more common mistake among medical men than to suppose, that an experienced practitioner is necessarily a skilful medical expert or a safe medical witness.

2. Secondly, in order to make him so, we require better medico-legal text-books. I am far from undervaluing such works as the Elements of Beck, or the Manual of Taylor ; but it is no disparagement of them to say, that no single individual can treat profoundly of the medico-legal relations of surgery, obstetrics, toxicology, insanity, and the general practice of physic. Nor shall I be content with the position of medical jurisprudence in this country until three, at least, of these departments shall have been illustrated by an eminent surgeon, a scientific accoucheur, and some admitted authority in mental diseases ; who shall each add to his own practical experience the study of the records of medico-legal literature, especially the fertile literature of Germany and France.

3. Thirdly, when a medical man is necessarily and unavoidably concerned, in the ordinary exercise of his profession, with what in legal

phrase is called the *res gestæ* of a cause, he must of course make the best of his position by informing himself to the utmost on the subject of it.

But when asked in other circumstances to appear as a witness, his appearance as such being optional, there are some considerations he should weigh well before giving his consent. Among these the most important are, that he shall possess the requisite ability, and preserve his independence. On the former of these points nothing need be said in the present summary. On the latter, however, I may be permitted to conclude with a few words of caution, because there is no error more common among medical witnesses, and none more injurious, alike to the cause of medical jurisprudence and to the character of the medical profession, than the sacrifice of independence and impartiality to the views of the party by whom they are cited.

A few years ago I was consulted by a solicitor, in the interest of a person of good station in the north of England, who was accused, in suspicious circumstances, of murder by poison. And I was requested to give my opinion particularly on the validity of the chemical evidence, and if it appeared valid, to furnish "suggestions for shaking it." This incident will illustrate the object of a party's agent, when he looks out for medical evidence. When a medical man is asked on the part of the Crown his opinion, either as an expert or in consultation, on a criminal case in Scotland, he is expected by the Crown officers to maintain rigorous impartiality and independence; nor in general is there any risk of incidental temptation to the contrary. But when he is asked to be a witness for the prisoner in a criminal case, or for either party in a civil action, he may rest assured, that although the agent may not own it, even perhaps to himself, his expectation or wish is in most instances much the same with that of the English solicitor. There are few, it is hoped, who would not recoil from the broad request to "shake" evidence in which they themselves believed. But on the other hand, every man is not proof against the compliment conveyed in the more ordinary form of approach. There is, however, one simple rule which will invariably preserve him from sacrificing his independence: viz., never to embark as medical witness in a cause, when he has his option, unless satisfied that the purpose of his evidence is compatible with truth and justice. If he consent to appear for the mere purpose of contradicting the medical details of a case, while he cannot deny the main inference to which they conjunctly lead—for the purpose of embarrassing and shaking medical evidence, in the general conclusions of which he may be forced to concur—he perverts medical science and forsakes the province of witness. I remember a witness of this sort, who, after doing his utmost to undermine the chemical evidence in a charge of poisoning, by assailing this, that, and another petty fact as unworthy of reliance, was compelled, on being asked his opinion on the whole chemical evidence, to admit that it was irrefragable. And on another occasion, after the witness had been made to assail for nearly an hour the evidence of poisoning from particular symptoms and individual morbid appearances, the flimsy web, thus tediously spun, was torn to pieces in a moment, when

he was asked the simple question, whether, from the whole medical facts he had heard in evidence, he entertained after all any doubt, as a medical man, that death had been caused in the way charged in the indictment. He had none, and could never have had any. These gentlemen were not witnesses, but counsel ; and very sorry counsel too. Their conduct escaped the censure of the court, but not that of their own profession. Let us hope that their example will serve as a beacon, to be avoided by their successors.

4. I wish I could add here the suggestions of Dr. Gordon Smith and Mr. Amos for the conduct of medical witnesses on trials. But I must be content with referring for this information to their writings ; because I have already detained the College and its guests too long. For this I beg to apologize, pleading that the Council and I together selected rather too wide a subject for a single lecture. I have also more particularly to beg our friends of the legal profession, who have honored us this evening with their presence, to excuse me if I have used too great license in criticizing professional rules and practices, with whose bearings I may be inadequately acquainted. I cannot help feeling their injurious influence on medical evidence ; and I cannot help expressing on this occasion what I believe to be the sentiments of my profession generally, as much as my own, upon the subject. If I have gone too far—if I have meddled too freely with an institution, whose principle is stability, and its ruling passion resistance to change, I must plead as my apology, that I am open to the prejudices of a restless profession, whose history is constant innovation and continual discovery, and its pride that it cannot for a moment stand still, as the world advances in science and civilization.—*London Medical Gazette.*

DR. ZIEGLER ON OSSEOUS REPRODUCTION AND REPARATION.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 317.]

FOR the induction and advancement of these conservative efforts and restorative processes, there are two prominent and promising classes of remedies, being within themselves both highly curative and nutritive, not only correcting abnormal action but supplying, to a certain extent, the necessary material, and causing their appropriation by stimulating and increasing cell action and promoting healthy organic developments. These general remedies most prominent are the preparations of lime, the phosphate especially, it being the principal inorganic constituent of bone ; and the oleaginous compounds, the most promising and useful of which is cod-liver oil. By the administration of the former, there is little doubt that the curative process or tendency might be frequently materially hastened, presupposing that the influence of those albuminous and oleaginous ingredients abounding in certain articles of food would be adequate to the production and supply of the plasmatic exudation and osseous base. Where, however, the remedial and nutrient power of these are insufficient, the use of cod-liver oil might be conjoined with

great advantage, and doubtless frequently with ultimate and perfect success. In some cases it may require, in addition to these and the usual local and other treatment, always necessary and instituted, the assistance of other alteratives, as iodine, and probably the superadded stimulus and support of the more direct tonics, &c., and a strict attention to other influences of a hygienic nature, highly promotive of, and essential to organic action. The prominent indication for the concentration of material and action, it will be observed, is in full activity in all of these lesions; hence the conveyance and appropriation of the former would be greatly encouraged. By the judicious combination and employment of such means, therefore, the system may be sustained, and placed in a state in which it may more readily and rapidly relieve itself of those generally protracted and destructive affections, and re-supply any existing deficiencies; and thus more speedily and certainly return to a healthy and normal condition.

In those cases of excision, in which there is an attempt at reproduction in the formation of and reunion by cartilage, the phosphate of lime would greatly favor the completion of the ossific process, particularly if given before the subsidence of the local excitement; though to promote such more definitely and certainly, it would be better, where not actually inadmissible from the danger of the pressure of abundance of callus on vital organs, to give it in the beginning, during the full activity of the local afflux, in conjunction, where this is insufficient, with the albuminous and oleaginous compounds so essential to cell development and functional activity.

In fact, this treatment will require modification according to the excess or deficiency of the separate materials, intensity of local action, character and activity of the disease, location of the lesion, condition of the general system, &c.

The failure of the more strictly reparative process, and the consequent occurrence of the conditions denominated pseudo-arthritis, fracture and non or imperfect union, is still a somewhat too frequent concomitant of fracture, excisions, &c., and in fact almost a constant attendant on some of such, as, for instance, those of the patella, cranial bones, intercapsular and other analogous disruptions, in which the previous existence of a similar state of things, viz., a deficiency of cellular tissue and vascularity, seems to promote an imperfect restoration; hence a somewhat detailed examination of them will not be inappropriate, especially as the present means and modes employed for promoting and correcting such, are still too often inefficient.

In the reparation of the solutions of continuity of the above-mentioned parts of the osseous system, accidental or otherwise, the cartilaginous reunion is almost a certain result, and if, in addition, there should be a cachectic state of the system, its supervention or even failure may be said to be positive, there not being sufficient material or vital energy to re-construct and re-organize the part sometimes even to this point of reparation. But, again, this same condition does occasionally follow an ordinary solution of continuity in apparently a favorable position and state of health for perfect reunion; yet if such are

closely scrutinized, it will be found that the same general principles are active in their induction, though it may be to a more limited extent. Hence proportionately to the predominancy of the tendency, would their occurrence be anticipated, and consequently excite just suspicions of their inception and induce greater vigilance for the discovery of the signs usually indicative of their approach, so that they should if possible be arrested in their incipency. Thus by being guarded and prepared, and by the early institution of suitable precautionary and curative measures, their supervention might generally be prevented, and if they should accidentally or otherwise result, of treating them with greater prospect of success, and again renewing that indispensable condition of the organic structure so requisite to its ultimate perfection and usefulness.

In the further elucidation of this subject, therefore, and to promote more certainly the ultimate object of complete reparation, it will be necessary, first, to ascertain the particular indications requiring fulfilment; and though they are mostly similar to the preceding, yet are sufficiently distinctive for a separate consideration. These are generally, first, the reduction, coaptation and retention of the fragments in juxtaposition; second, the prevention or correction of any undue inflammatory action; third, removal of extraneous objects interfering with and preventing the induction and completion of the reparative process; fourth, the supply of the materials essential to the proper progress and development of the osseous substance; fifth, to continue, and, if prematurely subsided, re-excite the local nervous, capillary and cell action, necessary for their direction and conveyance to the part required, their appropriation and the development of the new osseous tissue; sixth, the improvement of the general vital energies; and seventh, the modification and rectification of intercurrent affections.

In the fulfilment of these we shall specially notice, however, only those which are generally neglected, and not occupy valuable space in discussing those which are universally recognized and put into practice, except incidentally and so far as is necessary to demonstrate the cause of their uncertainty and frequent failure. In the present mode of treating these conditions, those of pseudo-arthritis and imperfect reunion particularly, the primary indication as a general thing seems to be entirely overlooked, while the whole attention appears to be exclusively occupied by, and directed to that secondary one, viz., the re-excitation of the local nervous, capillary and cell action; but the unsuccessful results of the means usually resorted to, to excite these and their ultimate consequences, viz., re-organization, as well as the evil and even dangerous effects often the consequence of the employment of hazardous measures, are well known, and it is apparent that they must thus necessarily be inefficient just in proportion as there is deficiency of proper material and energy in the system or part, though where there is only privation of the calcareous matter with a sufficiency of plasma this course will be proportionately successful in perfecting the cartilaginous connection.

It will be found, by examining the *modus operandi* of the various means resorted to, to induce re-organization, that they all act on the

same principle, viz., the excitation of local irritation, thus causing an increased flow and concentration of nervous influence and sanguinary fluid primarily ; and secondarily, from the stimulus and materials thus afforded and secured, increasing or exciting cell development and action, for the appropriation of the latter and the reunion of the parts. This is undeniably highly important and absolutely necessary for the construction and final completion of the ossific connection, and according to the quality and quantity of the material in, and energy of the system, would, *cæteris paribus*, be successful.

That this is the true rationale of the seton of Physick, the ivory pins of Dieffenbach, the Hunterian method, and of all the other numerous devices for similar purposes, as the connecting wires, cauterization, perforations, resections, &c., there appears to be no doubt, in the use of all of which the existence of the indispensable material in the system is necessarily presupposed.

The dangerous and even fatal effects so often resulting from the induction of this action in the human body without the previous attention to and security of certain necessary prerequisites, is strikingly exemplified in that which under somewhat similar circumstances happens in the body politic by the disturbances which so frequently occur in large cities, in which a great number of individuals are previously invited to, and collected in, a particular place for a specific purpose, but in consequence of the absence of certain elements for their legitimate action and the presence of the numerous sources of irritation thus aggregated, an excitement is apt to be created, and too frequently the force, which otherwise would have remained latent or been profitably or agreeably employed, becomes active and is expended in perpetrating mischief. Just so it is with the local concentration of nervous energy and sanguinary fluid in the animal economy, in which the elements for high, yet not sufficient for normal action are present ; it would either be of little or no use or directly detrimental by exciting irritation and inflammation and their too frequent terrible consequences, and thus prove actually destructive ; while, on the other hand, if all the constituents were present, the greater disposition would be to healthy action.

The most important and prominent indication, therefore, for the perfection of the reparative effort and osseous reunion, is the supply of the essential materials ; and this is readily fulfilled by the administration of the requisite albuminous, oleaginous and calcareous elements, presupposing, of course, that the nutritive functions are sufficiently active for their general appropriation. The first two, as before indicated, are obtained in great abundance from those substances ordinarily used as food ; the most appropriate in the third, is the phosphate of lime. That the supply of this latter is highly important and of itself very valuable, is shown by the fact that fractures in *fragilitas osseum*, in which there is a proportionate excess of the earthy and a relative deficiency of the animal components, in some instances, notwithstanding this latter deprivation, re-unite very rapidly and with great certainty. As an adjuvant, however, to these, not only as a nutrient, but a remedial agent, the cod-liver oil is often strongly indicated, in conjunction with the lime and al-

bumen, thus more certainly forming the tripod so generally essential to cell development and activity.

The second indication is to invite and direct the materials to the part in which they are specially required, and to excite therein sufficient activity for their appropriation and the development of the osseous tissue. For this purpose it may be necessary to resort to some of the means usually employed. If, however, the local excitement is still sufficiently active, this indication so far is fulfilled, and the mere administration of the above-mentioned principles will doubtless be sufficient, in fact it being always preferable to commence the exhibition of these agents, and the inorganic especially, during this local activity and before its subsidence, if there be no contraindicating circumstances. It is obvious, however, that the calcareous matter particularly should not be administered in large quantities and too rapidly in those cases in which the presence, or pressure, from the deposition of an undue amount of callus, would be likely to prove injurious by interfering with the function of some important or vital organ, as in the injuries of the cranial bones; but in those of the patella, &c., it might be given much earlier, with, of course, due restrictions in the event of the existence of high inflammatory action; if this should be moderate, it would be safe and proper from the commencement. Where, however, this local tendency and action had subsided or was inefficient, it would be requisite to resort to some of those means before indicated to re-excite them, and of these the milder ones first; especially in the cranial bones, &c., exercising the same precautions with regard to undue action and deposition as in spina bifida. Coincidentally with the administration, such measures as moderate friction around the part, or mildly irritant applications, might be instituted and very gradually increased, and prolonged until sufficient action has thus been created to cause a continuation of the ossific process and a development of the required structure. But in those cases in which the long bones are implicated, and in which the same evils are not to be apprehended, this care would not be so necessary, and therefore, if these milder measures fail, those of a more stimulant character should be resorted to, and the acupuncture, or, what would probably be still more efficient, the *galvano-puncture*, might be carefully used, or even the seton, either one of which would doubtless generally be amply sufficient. It is believed that the well known still more powerful means, an enumeration of which is unnecessary, would be very seldom required if the primary indication had been previously carefully fulfilled.

To demonstrate more fully that these views are not purely speculative but are strictly based on, and in accordance with physiological, pathological and therapeutical facts and principles, additional evidence of their truth and practical value will be afforded by the following incidental reference to the use of the inorganic element in some of these conditions, from the excellent paper of Dr. Beneke on the phosphate and oxalate of lime. "As to other affections in which I have tried the phosphate of lime, I have to mention rickets, caries, inflammations and consecutive abundant suppurations of the cellular tissue, and also fracture in the bones. In all of these cases the administration proved most

beneficial, and I would strongly advocate its further experimental use. With respect to fractures of the bones, I have to state in particular, that the consolidation of the callus took place in a much shorter period than is generally the case; however, too large doses of phosphate of lime must be shunned in these cases, as I have observed an abundant callus causing a deformity of the bones, produced by the daily administration of twenty-four grains of the phosphate for a fortnight."

It will thus be observed that the above, so far as it extends, fully sustains the views which have been advanced in this and the preceding paper, in recognizing the prominent indication for the supply of this earthy constituent, in fractures especially, but only immediately after this solution of continuity and during the early stages of the reparative process in which all the conditions for its concentration and appropriation are in full activity; but subsequently, when the local nervous and circulatory tendency and afflux and cell action have subsided, the mere introduction of this or any other material into the economy would not prove efficacious, as the proper period of restoration having thus passed away and the vessels and cells sunk into an inactive state, there is in consequence of this inertia very little or no disposition to renewed activity; and again, if the still more primary and principal indication for the supply of the material for the previous plastic deposition had been neglected, the fulfilment of this secondary one would of course prove inadequate. Therefore, for the perfection of the whole, it is necessary to answer all the indications simultaneously or coincidently, and in accordance with the respective deficiencies, by not only furnishing the materials but exciting the forces or agents for their conveyance to, and concentration on the part requiring reparation, and finally the cell or organic action for their appropriation and the consequent development of the special osseous substance, thereby causing the successful induction or continuation and completion of the process of restoration.

Philadelphia, May 1st, 1852.

"MRS. WILLARD'S CATECHISM" ON THE MOTIVE POWERS.

SHE ANSWERS THE QUESTIONS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—While yet a child, I learned from my New-England ancestry to reverence the very term "catechism"; and since I am now honored with one specially addressed to myself, and contained in this Journal, I feel bound to make response.

The first catechetical exercise assigned me, is to say, "Where is the motive power in the circulation of those classes of animals which have *no lungs*, such as the fishes, molusca, crustacea, insects, radiata, vermes, &c.?"

To which I answer—*there are no animals which have not lungs*, or something which answers to lungs, possessing more or less perfectly that vital force peculiar to the organ, by which atmospheric air is made to part with its oxygen to sustain the combustion of the carbon of the ve-

nous blood, hither brought, and here used as fuel to the fire of animal life. This process is respiration; and, "respiration," says Cuvier, "is *the function essential* to the constitution of an animal body; it is that which in a manner animalizes it; and we shall see that animals exercise their peculiar functions more completely according as they enjoy greater powers of respiration." "To respire," says Noah Webster, "is to breathe—to inhale air *into the lungs*, and exhale it for the purpose of maintaining animal life"; and again, "respiration is the act of inhaling air *into the lungs* and again exhaling it, *by which animal life is supported.*" Since, then, lungs are by definition essential to respiration, and respiration to animalization, *there are no animals without lungs.* Q. E. D.

But the lungs of animals are differently constituted, to fit them for the different states of existence to which their Creator assigned them. "The respiration of fishes is performed," says Dr. Leiber, "by gills." "The motion of gills in fishes," says John Bell, "is a true and perfect respiration, for if there be no air in the water, or not enough of air, they cannot breathe. Fishes cannot breathe in air wanting water, for that element is not accommodated to their SPECIES OF LUNGS." "The molusca," says Cuvier, "differ strikingly from the vertebrated animals, particularly in relation to the position of the heart and respiratory organs. In the molusca, their *pulmonary* circulation always makes a separate and complete circuit, aided by one aortic heart placed between the veins of the LUNG and the arteries of the body." "The crustacea," says the same author, "respire by branchia, a kind of gills. The blood is transmitted to the branchia from the heart and thence back to the heart." Of the "regular and beautiful gills of shell fishes," John Bell made two drawings, one of which showed, he said, "the heart and LUNGS."

Cuvier, as is well known, founds his classification of the animal kingdom on degree of respiration. His fourth and lowest class, being that which has the least respiration, is called by him, Radiata. These animals, he says, have their *respiratory organs* almost always on the surface of the body. Insects and worms, the last mentioned in the "Catechism," are included by the great naturalist in his third class, articulate animals. Most of these *respire* by means of trachea,* "elastic vessels which receive the air by orifices called stigmata." If each of these be, as it seems, a tiny mouth to inhale air, received by its own microscopic lung, where the venous blood has its carbon enkindled, then each of these would become to the fluid blood—thus at these points warmed, vivified and *expanded*—the centre of a wave-like motion. Are not such movements discernible? and do they not confirm the theory which we advocate?

That only can be a cause, which is an invariable antecedent. Respiration is the only invariable antecedent of circulation. If, as the writer of the Catechism seems to assume, there had been animals with

* What is most perplexing in this species of respiration, says John Bell, is the prodigious quantity of air which these creatures receive, the impossibility of tracing blood-vessels from the heart, and the clearness with which we see air-tubes branching over all parts of their body. There can be no mistake that it is air they breathe. If we close up the stigmata of an insect, one by one, the parts become in the same proportion paralytic; if we stop the two highest holes, it dies.

a circulation and without respiration, our theory would have been disproved. Now if there are animals with a circulation and without hearts, then the theory of circulation by the heart's action must be abandoned. An article in the *New York Journal of Medicine*,* in favor of the old theory and against ours, where all is made of a bad cause that sophistry can accomplish, acknowledges that "Some of the lowest orders of animals have a circulation, but no heart." Dr. Cartwright, in his last communication to this Journal, puts this part of the subject for ever at rest. The vast number of animals which he shows as having no hearts, and his experiments on alligators, where circulation continued after the heart was removed, have done a work for science, which will never need doing over again. Should the writer of "*Mrs. Willard's Catechism*," who we have reason to presume is a believer in the old theory, think otherwise, he has now an opportunity for reciprocating civilities, by answering the question, how does the heart's action circulate the blood of those animals which have *no hearts*?

The two remaining questions of the Catechism, besides some former ones contained in preceding numbers of this Journal, refer to the *fœtus in utero*.

When this theory of the circulation stood in my own mind but as a hypothesis, the objection stated in these queries met me; but it did not long bar my way. For it is evident that however the blood is circulated before birth, it cannot continue to circulate in the same manner afterwards, but some new principle must prevail. The organism in the two states is different. In the first of the two conditions the ventricles of the heart communicate, and through the ductus arteriosus is carried the blood, hereafter to pass through the now useless lungs to the aorta. The distinction which I had perceived between the two forces—the mechanical force of the heart's action, and the chemical force generated by respiration—gave me to expect that if, in the embryo state, one of these forces was needed and the other was not, unerring Wisdom would use—and perhaps for the occasion increase—that one, and prospectively prepare for the other. And accordingly the heart's force, as I have explained in my work on the *Motive Powers*, is not only proportionally stronger, but is so placed as to act with the greatest mechanical advantage. That organ has, then, its greatest proportional size and power, and by the position of the ductus arteriosus the full force of the right ventricle is added to that of the left in propelling the blood through the aorta and its branches. But even then, without the mother's respiration, this initiatory circulation must fail. After birth, the respiration of the infant must occur as soon as that of the mother ceases to affect her offspring, or it lives not. If its own perfect respiration does supervene, then has a new existence begun, which is to last while respiration lasts, bearing along a tide of life stronger or more feeble as respiration is more or less perfect, and finally to cease when it ceases.

We believe that the theory of animal circulation by respiration might justly take a bolder ground, and claim that the phenomena of the state

* September, 1816. Answered by the author, March, 1817.

before birth, and the change occurring at birth, so far from falsifying this theory afford presumptive proof of its truth.

When first the air enters the trachea of a new-born infant, the inflation of the lungs must open the vessels and vesicles prepared to receive the venous blood. To fill the new-made vacuum, the whole of the blood from the right ventricle rushes through the pulmonary tubes, leaving none to go through the ductus arteriosus thus made useless, and henceforth to be abolished. But what is to move the blood from the capillaries of the lungs? The heart's force, insufficient before without aid from the mother's respiration, is now divided, while its work is doubled. A new power must then be generated by the meeting of the air with the blood, enkindled by the peculiar vitality of the lungs. Without such a power no perceptible cause exists sufficient to move the blood onwards to the left ventricle. But it is moved thither, and with a power which presses down and closes the valve of the orifice between the ventricles, showing clearly that this current exceeds in force that in the right ventricle. Grant that the new function of respiration has furnished new power, and this astonishing instantaneous metamorphosis from amphibious to mammalian life, becomes perfectly intelligible, and the wisdom of the Creator fully vindicated.

The field of this controversy would be narrowed for the future, if it were now conceded that the circulation which it concerns, is that of animals with a circulatory system. Many of the lower classes of animals have no continuous system through which the blood circulates. The *foetus* in utero is but an embryo; it is not an animal. It does not become animalized until it breathes. It is as absurd to maintain the contrary as it would be to assert that a willow branch, partaking the circulation and sharing the sap of the parent stock, is a young tree. Then to assume this absurdity as a truth, and reason from it that because this branch has no roots, trees have none, and do not need any, would be a fallacy of the same kind, as to assume from the condition of the *foetus*, the truth of the old theory of circulation by the heart's action, and then to apply it to perfect animals. The willow branch must be placed in the soil and send down its own roots before it can be a vegetable; and the embryo must be born into the world and breathe the breath of life before it is an animal. "Birth and death," says Cuvier, "are the universal limits of the existence of all living beings."

Man is but the interpreter of nature. The priest or priestess at the altar, does but point to the Deity, and show why *His truth should be followed and adored.*

EMMA WILLARD.

Troy, N. Y., May 10th, 1852.

Post Scriptum.—After having completed this article, and while waiting for an answer to a request written to Dr. Hiester, at Reading, that he would permit the publication of the appended letter, I read in the Journal of the 12th instant, some "Remarks on the New Theory," from Kingston, Ulster Co., N. Y. My neighbor there will please accept my thanks for his candor, notwithstanding he deals more in "cypress" and "night-shade" than in my humble opinion the occasion demands.

His article shows that he has never read either my work on the Motive Powers, published in 1846; or that on "Respiration and its Effects," published in 1849. Had he understood our theory, he would not now have spoken of the strength of the current at the aorta as a measure of the *heart's force*, because he would have perceived that this is a mere begging of the question; since, if our theory is true, that current owes its *principal* force to the chemical power developed in the lungs—regulated, however, quickened, and made pulsative, by the heart's vital and perpetual beat. Nor would he have jumped to the conclusion, that we taught concerning the force generated at the lungs, the ridiculous absurdity that it drove the blood all the way round from lungs to the lungs again. He will perceive, by reading the foregoing article, that on the supposition of a power being begun in the lungs by the infant's first breathing, two things are accomplished, one in the front and the other in the rear of this moving force; and that, that in the rear of this first starting of the vital tide, must of necessity be performed first, for the blood must be obtained from the right ventricle—and that, too, by changing the current—before it can be sent to the left; and of course it is not a driving but a *drawing* force which effects this. And there must be a continual supply for the lungs obtained in the same manner; and hence a *perpetual suction force established*, drawing on the venous blood to the lungs, from the right ventricle, the great veins, and finally from the whole venous system. A powerful force is needed to effect all these objects. Is the "capillary power" sufficient? If our Kingston opponent should maintain the affirmative, we must then be excused for turning him over to Dr. Cartwright and his alligators.

Dr. Hiester, of Reading, Pa., did me the honor to read my book on the Motive Powers, by which he became prepared to expect the result that followed Dr. Cartwright's experiment. Dr. Hiester's name is widely known for professional skill, for general scholarship, and for the amenity of the true gentleman. Many in the eastern section of the Union know his reputation, who are not so well acquainted with that of Dr. Cartwright, of whom he speaks so highly. Dr. Hiester, in according me permission to publish his letter, remarks that it was but a hurried expression of his opinion, not intended for the public eye; nevertheless it was his opinion, and although not fond of public controversy, he had no concealments, and if I thought the publication of his letter would be useful, I had his "entire consent."

E. W.

Mrs. Willard.

Reading, Pa., April 30, 1852.

Dear Madam,—I snatch a moment from a continual press of professional engagements to acknowledge the receipt of the "Northern Budget," which you did me the honor to forward. Having read your "Treatise on the Motive Powers of the Blood" soon after its publication, I was prepared, by your ingenious experiments and the force of your reasoning, to see your theory established as soon as it should be practically and with candor brought to the test on the animal body. The experiments of Dr. Cartwright, however startling to some who had not turned their attention to the subject, were not so to me. It seems

indeed providential that the confirmation of your theory has fallen into the hands of one so peculiarly favored by circumstances, and so well qualified by his talents and just eminence in his profession, for the performance of the task. That the overthrow, and that, too, by one of the other sex, of the doctrine taught by the illustrious Harvey, that the heart is the chief motive power of the blood, should alarm the pride and arouse the prejudices of some even of my profession, for whom I must be permitted to claim as much liberality at least as belongs to others, was to be expected, and does not, I hope, disturb your equanimity. It would, perhaps, be expecting too much from the infirmities of our common nature, that a hoary error taught and cherished for two centuries should be abandoned at once without a struggle. The experiments of Dr. Cartwright, however, demonstrate, in my humble judgment, beyond all future cavil, that the chief motive power of the blood resides in the lungs; and that the heart, although an indispensable organ in the circulation, is after all only of secondary importance.

I am with great respect your ob't ser'vt,

ISAAC HIESTER.

PUERPERAL PERITONITIS.

[Communicated for the Boston Medical and Surgical Journal.]

At a late meeting of the Suffolk District Medical Society Dr. Homans read an extract of a letter from his son, who has recently been attending the midwifery practice in the large hospital of Vienna. The remarks are interesting, in connection with the observations that have been made, in this city, upon the contagiousness of puerperal peritonitis, and the pathological relation that seems to exist between it and erysipelas.

Rome, March 9, 1852.

You ask me to let you know something concerning the puerperal fever epidemic in Vienna. I will tell you all I could find out about it. The epidemic prevailed about three weeks, from three to six patients dying a-day. The physicians do not believe it contagious or infectious, but that it comes as any other epidemic, they do not know how. I saw cases of erysipelas in the same ward, all the patients being lying-in women, but I never heard any remark made as to the connection between the two affections. The number of cases of the disease was greater in the ward of one physician than in those of the others. In fact the epidemic was almost confined to the clinique to which students were admitted. It was suggested that the fact that the young men spent a great deal of time in the dead-house, and handled specimens of morbid anatomy, proceeding thence to the Hospital and touching a number of women in process of delivery, might have some effect in causing the epidemic. Others scoffed at the idea; but touching being prohibited to the students during about a fortnight, the malady disappeared. The deaths were, as I have before said, from three to six a-day, out of, on an average, ten to fifteen births a-day, the number of pa-

tients in the Hospital happening, fortunately, at the time of the epidemic to be less than ordinary. The mortality was not so great as during an epidemic which I witnessed in Paris, during which every patient that was delivered died, and the Hospital was finally closed for a time.

In Paris, the origin of the epidemic was supposed by many to be the proximity of the Hospital to extensive dissecting rooms. In Vienna, many patients were attacked by peritonitis, &c., during the epidemic and recovered ; and many, who had been very generally examined by the students, escaped entirely. I ascribed the existence of the epidemic in the latter place, to the defective ventilation in the wards, though the Germans thought this had nothing to do with it, they being in general, you know, opposed to a free introduction of pure air. In Vienna, some of the cases were rapidly fatal, in twenty-four, thirty-six or forty-eight hours, while others lingered on for a week, ten days, or more, and then died with pneumonia, sloughs on the sacrum, &c. &c., in a most miserable state of suffering.

Their treatment was just nothing at all generally, though frequently they bled from the arm, applied a great many leeches, used emetics early, &c., and sometimes with good effect.

MANAGEMENT OF INFANTS.

BY M. A. SAWIN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I WISH, through the pages of the Journal, to offer a few remarks upon the treatment of infants, being convinced that wrong management not only does much to swell the fatal list of infantile mortality, but that many of the diseases of after life may be traced to this prolific source. While statistics show that upwards of one third of the human race die before reaching the age of three years, I think all will agree that it is a subject worthy the attention of each, and especially of the medical profession.

Some of the abuses to which infants are subjected, have become so much a matter of custom, that a nurse will take it as an insult to her judgment, and an innovation upon her rights, to suggest any alterations. No sooner is the little sufferer ushered into the world, than every device that perverted judgment can invent is put in requisition to hasten it away. Some staunch advocate for the new doctrine of hydropathy recommends the cold bath, with the sage remark that it will make it "robust and hardy." Accordingly the little delicate thing receives a cold bath, which suddenly checks the determination of blood to the surface, and sends it back in a powerful current to those delicate organs which are just commencing their feeble efforts to establish a separate existence. The pulmonary arteries, just opened to the sanguinary fluid which rushes through their tubes in torrents to be aerated, are illy calculated to resist this engorgement, and the child is in imminent danger of asphyxia ; the internal organs are overwhelmed with an excess of blood, and congestion, irritation and serious functional derangement are often the result.

Then, as though nature was not fully competent for the performance of all her duties, she must be assisted with castor oil, magnesia, molasses and water, or some nauseous drug, to cleanse the stomach and bowels, thus strengthening the foundation already laid for gastric and intestinal irritation, which is nearly certain to follow.

If the child is restless and fretful under this treatment, it is then surely hungry, but it must by no means be put to the breast, its proper and natural source of nourishment, until the third day. Oh, no! it must be fed with milk and water, arrow-root, or something of the kind; and if this does not quiet it, it will probably get some paregoric, or perhaps some laudanum, which will deaden its sense of pain, and produce the quiet of narcotism.

This is no exaggerated picture. That the infant is often subjected to all these abuses within the first twelve hours of its existence, is a well-known fact.

The dress of infants, also, in my opinion, deserves attention, as being a fruitful cause of infantile diseases. The absurdity of the practice of exposing the neck and arms, during the cold months, must be manifest to every one who gives the subject a thought; and who can doubt that many diseases are the direct result of this exposure. The mother thoughtlessly yields to fashion's arbitrary sway, and permits the whole thoracic region of her infant to be exposed to changes, to which she could not submit herself with impunity. And what wonder that the babe has croup and its attendant train? Is it not reasonable to suppose that bronchitis, laryngitis and phthisis pulmonalis, are frequently but the development of germs sown at this early period? Some mothers seek to amend their folly by keeping the infant carefully wrapped in a blanket; but this is always an objectionable article of dress, not only that it confines the limbs, and prevents their free use and development, but that it is too easily and frequently thrown aside, and the child, perhaps reeking with perspiration, is exposed to atmospheric changes which can scarcely fail to have an injurious effect upon its health.

This is a progressive age, and reformative measures of every kind are agitating the community. The more rational treatment of infants is one which ought to find response in every mother's heart; for many have laid their children in the tomb, the innocent victims of fashion and mismanagement. I hope the time is not far distant when fashion will give place to wisdom and common sense, and mothers will provide their infants with dresses of soft white flannel, made in such a manner as to cover the neck and arms, at least six months in the year, and will think it quite as becoming and lovely to see them dressed comfortable and healthful, as to see their little chests exposed to the vicissitudes of our northern climate, with castor oil, magnesia and hive-syrup in perspective.

I have never sympathized with the advocates of "Woman's rights," *except so far as her educational rights are concerned*; but if I can say any thing in defence of babies' rights, which will ameliorate their condition, and lessen the amount of infantile mortality, I shall feel that I am contributing something to the progressive reforms of the age.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MAY 26, 1852.

Vital Statistics of Memphis.—George R. Grant, M.D., gave a recent anniversary address before the Medical Society of the thriving city of Memphis, in Tennessee, on the sanitary condition and vital statistics of the place. The doctor mourns very properly over the neglected records, the consequence of the utter negligence of the conscript fathers, who are doubtless more intent upon green turtle soup than registering births and deaths. He could not even ascertain how many persons had died last year! By popular consent, there have been sickly and healthy seasons, and that is about the whole of the matter that is known in Memphis. Dr. Grant has certainly made the civil authorities ashamed of their neglect by his discourse. In 1850, the white population of Memphis was 6,369—3,587 being males, and 2,782 females. "Whoever will traverse the alleys running parallel with our principal streets," says the doctor, "will see enough of dirt and filth, not only in these alleys, but in the rear part of most of the improved places in Memphis, to satisfy the most casual observer that cleanliness of our streets and enclosures is not an important matter in our domestic city regulations." The city seems to be actually worse off than its old namesake in Egypt, when we roamed over its mounds of rubbish—the accumulations of 4,000 years. But its sanitary condition was excellent. Although the old burial field of Sakkara, the largest on the globe, contains more human bodies, swathed in bandages, than there are living men on the borders of the Nile, they were never a nuisance in any stage of their deposit, so carefully were they secured. Many a wise municipal regulation might be learned by the authorities of Memphis, in Tennessee, by reading the history of their predecessors on the Nile. Dr. Grant is a good writer, and if his neighbors are roused, as this discourse is calculated to rouse them, to a sense of shame for dwelling in the midst of corporation filth, he will be entitled to the reputation of a reformer.

Smallpox.—Is the profession to be reproached, or not, on account of the frequent outbreaks of this terrible malady at all points of the Union? If physicians were not importunate, in season and out of season, in warning parents of the danger that awaits their children, by neglecting vaccination, they might be blameable; but no such wicked charge can be laid at their door, as unfaithfulness in warning. Deaths are constantly taking place—the victims of neglect. A certain remedy is at hand, but a melancholy amount of physical suffering, scarred faces, blind eyes, broken-down constitutions, are the consequences of parental neglect of it. There ought not to have been a death in the United States, by smallpox, in 1851; yet the mortality was immensely large.

Boston Physicians' Fee-Table.—A week ago, a note was written upon this subject, which has been mislaid, and we therefore refer to it again to say that a satisfactory modification of the fee-bill has been brought about.

Charges will hereafter be higher, and presented twice a year for payment. For many years we have contended single-handed in this community for the adoption of the English system—cash down. This wretched custom of booking, and losing half, and often the whole, will ultimately be abandoned.

Veterinary College.—A charter for one has been obtained of the Legislature of Pennsylvania—and we believe it is the first to be organized in this country. There might and should have been a veterinary institution in Boston, years ago; but with all our manifestations of sympathy, poor sick animals have always been neglected. Philadelphia has the tact for creating and centralizing schools of science. As soon as it is thoroughly noised over the country that the veterinary college there is thronged with students, as it will be, if men of commanding talents are selected for professors, half a dozen others will spring up with the vain expectation of being equally successful. But there are some people destined to be always a day after the fair. The first will ever after be *the* college, while the new comers will shine with borrowed light. The enterprise of medical men in Philadelphia, particularly directed to the multiplication of facilities for teaching the science, has made it the great focus of medical learning in America. That reputation will be sustained till some other city in the Union outsteps it in the same line of discreet policy, by rearing magnificent edifices, opening libraries, granting facilities for anatomical pursuits, and, above all, inviting men of genius and talent, from every section of the world, to unite their forces to give character and efficiency to whatever scheme is developed for advancing useful knowledge.

Public Health.—One satisfactory evidence of the excellent state of the public health in Boston, is the declaration of the practitioners of the city, who say they have rarely had less business for some years. The neighborhood in the country about, within a circle of fifty miles, is equally free from sickness. There are no indications of any disturbing causes to affect the stability of the public health, as the bloom and beauty of summer approaches.

Opening Anatomical Cabinets to the Public.—It will be a gratifying epoch in the history of things in this country, when anatomical cabinets are thrown freely open to the public, as in Europe. Let the people see what they all have an intense desire to inspect—the machinery of animal bodies. Whether skeletons, dissected preparations, wax models or wet specimens, open the doors without restriction, and we should hear no more of the vulgar prejudices against anatomical pursuits. A sentiment of respect for such institutions would be developed, and those who cultivate medical science be appreciated far more than under the present New England system of locking up the blue chambers. If this plan were adopted, persons would be reminded of articles which might be contributed, strangers gratified, and all made wiser. Were a little courtesy of this kind shown, those who keep the keys in close pockets would be amazed at the success of the plan, and would receive the encouraging comments of travellers, letter-writers and the press. The magnificent collection of the Pitti palace, in Florence, is daily thronged with representatives from all

civilized nations, intermixed with crowds of peasantry in their wooden shoes. Such a cabinet in America would be approached by a special vote of permission from a board of directors. Quacks could not be sustained if care were taken by the regular profession to allow the eyes and ears of the masses to see and hear just what is kept from them through a mistaken idea that none but the initiated are entitled to these privileges.

Middlesex North District Medical Society.—This Society held its annual meeting at Lowell, on Wednesday, the 19th inst., and elected the following officers. *President*, John C. Dalton, M.D., of Lowell; *Vice President*, John C. Bartlett, M.D., of Chelmsford; *Secretary*, Charles A. Davis, M.D., of Lowell; *Treasurer and Librarian*, N. B. Edwards, M.D., of North Chelmsford; *Curator of Cabinet*, E. K. Sanborn, M.D., of Lowell. *Standing Committee*—Drs. J. P. Jewett and L. B. Morse, of Lowell, Jona. Brown, of Tewksbury. *Censors*—Drs. E. Huntington, of Lowell, John C. Bartlett, of Chelmsford, David Wells, of Lowell, A. B. Bancroft, of Groton, Nathan Allen, of Lowell. *Counsellors*—Drs. J. C. Dalton, E. Huntington, G. Kimball, J. W. Graves and Nathan Allen, of Lowell; A. B. Bancroft, of Groton, J. C. Bartlett, of Chelmsford, N. Cutter, of Pepperell.

Death of Dr. Kingsbury.—Dr. Kingsbury, of New York, whose death was recorded in last week's Journal, has been an occasional contributor for some years past to this Journal. His last article was a translation from the German, and was inserted in the Journal of April 14th. He died, we understand, of ship fever, at the early age of 30 years.

Mrs. Willard's Theory of the Circulation.—An article from the pen of Mrs. Willard, in reply to some queries by Dr. Rodgers, will be found in the Journal to-day. It may be well to mention that the series of articles in the Journal by Dr. Cartwright, in defence of the new theory, is yet unfinished. Readers who may have noticed that objections to the theory have not been answered by him, will bear in mind that he has probably not yet reached them in course.

The editorial remarks in a late number of this Journal on the singular fact that in the list of members of the American Medical Society in Paris, none appeared to belong to the New England States, have called forth the following reply, which is cheerfully inserted. We are sorry the writer thought it necessary to allude to matters foreign to the subject in question, but we have not, under the circumstances, felt at liberty to omit any part of his explanation.

The American Medical Society in Paris and the New England Physicians resident there. Mr. EDITOR,—A friend has called my attention to an article in the last number of your valuable and interesting Journal, concerning the American Medical Society in Paris, which is calculated to injure the officers of that association in the estimation of the public. It is a fact, as you state, that nearly all the States of the Union are represented in the Association, and that there is not *one* member, either active or honorary, from any of the New England States; and it is also true, that there are many students from Massachusetts, and other eastern States,

who reside in Paris. You seem to intimate, from the tone of your article, that the fact of their non-admission is attributable to either the negligence or discourtesy of the officers of the American Medical Society.

I have just returned from Europe, and having been a member of that Society from the day of its organization, am, therefore, enabled to state that there has been neither any negligence nor want of courtesy in our Society, but that, if there is any fault, it is justly chargeable to the New England students themselves. A meeting of American physicians resident in Paris was convened in November last, and resulted in the establishment of our Society, which has been in operation ever since, its meetings being held weekly, papers read, cases reported from hospitals, and questions discussed. Several of the New England physicians were aware of the fact, and have had time from the 15th of November, 1851, until the month of March, 1852, when the constitution and catalogue of members were printed, to decide, yet they declined, perhaps disdained, to unite with their fellow countrymen in a Society for professional improvement, preferring probably associations more congenial to their tastes—in other words, have become members, and even officers, of the British Medical Society. Like the Greeks of old, considering all outside of the self-styled “Athens of America” as undoubted barbarians, or, at the best, tolerably civilized, but true to their traditional instincts, they except always cousin (?) John Bull, to whom they hung out blue lights and invited in, during the war of 1812. If the New England students declined joining the American Society, it was not surely the duty of its officers to run about Paris and *beg* gentlemen to honor the Society with their membership.

Yours respectfully,

A. J. SEMMES.

Georgetown, D. C., May 15, 1852.

The Philadelphia College of Medicine contemplates the erection of a new house the present season.—Yellow fever rages most destructively at Rio Janeiro. Say what they may to the contrary, the entire experience of that country proves that it is an infectious disease of uncommon energy, which medicine does not control.—Miss Catharine Scholey, 36 years of age, a native of Ohio, is supposed to be the heaviest woman in the world. She weighs 611 pounds.—Lectures are going on at Geneva, N. Y., with a prosperous class. Operations in surgery have been frequent and important since the term opened.

TO CORRESPONDENTS.—Dr. Bradbury's case of Amputation at the Hip-Joint, Dr. Chabert's case of Sciatica, and H. A. H. on Anæsthesia, have been received.

MARRIED.—In Dorchester, 18th inst., Dr. Albert H. Blanchard, of Sherburne, to Miss Eunice A., daughter of Joseph Hooper, Esq., of Dorchester.

DIED.—At Thompson, Conn., 20 inst., suddenly, of apoplexy, Dr. Samuel Bowen, an eminent physician.

Deaths in Boston—for the week ending Saturday noon, May 22, 50.—Males, 24—females, 26. Apoplexy, 1—inflammation of bowels, 2—inflammation of brain, 1—congestion of brain, 1—consumption, 10—convulsions, 2—cancer, 1—croup, 2—dropsy, 2—dropsy of brain, 4—erysipelas, 1—fever, 1—typhus fever, 1—scarlet fever, 1—disease of heart, 1—infantile, 6—inflammation of lungs, 3—neuralgia, 1—old age, 2—suicide, 1—teething, 3—throat disease, 1—thrush, 1—ulcers, 1.

Under 5 years, 20—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 3—over 60 years, 6. Americans, 23; foreigners and children of foreigners, 27. The above includes 3 deaths at the City institutions.

American Medical Association.—The following is a list of the Special Committees appointed at the late meeting of the Association at Richmond. It is copied, as were the extracts in last week's Journal, from the report kindly forwarded by the editor of the New Jersey Medical Reporter.

D. F. Condie, Philadelphia, Causes of Tubercular Disease.

James Jones, New Orleans, The Mutual Relations of Yellow and i lious Remittent Fevers.

R. S. Homes, St. Louis, Missouri, Epidemic Erysipelas.

Charles D. Meigs, Philadelphia, Acute and Chronic Diseases of the Neck of the Uterus.

J. P. Jervey, Charleston, South Carolina, Dengue.

Daniel Drake, Cincinnati, Milk Sickness, so called.

Dr. Lopez, Mobile, Prevalence of Idiopathic Tetanus.

George B. Wood, Philadelphia, Diseases of Parasitic Origin.

R. D. Arnold, Savannah, The Physiological Peculiarities and Diseases of Negroes.

Joseph Carson, Philadelphia, Alkaloids which may be substituted for Quinia.

S. D. Gross, Louisville, Kentucky, Results of Surgical Operations for the Relief of Malignant Diseases.

James R. Wood, New York, Statistics of the Operation for the Removal of Stone in the Bladder.

Alexander H. Stevens, New York, Sanitary Principles applicable to the Construction of Dwellings.

G. Emerson, Philadelphia, Agency of the Refrigeration produced through Upward Radiation of Heat, as an Exciting Cause of Disease.

Henry J. Bigelow, Boston, The Best Means of making Pressure in Reducible Hernia.

A. T. B. Merritt, Richmond, Cholera and its Relations to Congestive Fever; their Analogy or Identity.

Usher Parsons, Providence, R. I., Displacement of the Uterus.

H. F. Campbell, Augusta, Ga., Typhoid Fever.

Worthington Hooker, Connecticut, Epidemics of New England and New York.

Jno. L. Atlee, Lancaster, Pa., Epidemics of New Jersey, Pennsylvania, Delaware and Maryland.

R. W. Haxall, Richmond, Va., Epidemics of Virginia and North Carolina.

William M. Boling, Montgomery, Ala., Epidemics of South Carolina, Georgia, Florida and Alabama.

Edward H. Barton, New Orleans, Epidemics of Mississippi, Louisiana, Texas and Arkansas.

Dr. Sutton, Georgetown, Kentucky, Epidemics of Tennessee and Kentucky.

Thomas Reyburn, St. Louis, Mo., Epidemics of Missouri, Illinois, Iowa and Wisconsin.

George Mendenhall, Cincinnati, Ohio, Epidemics of Ohio, Indiana and Michigan.

COMMITTEE
ON
VOLUNTEER
COMMUNICATIONS.

{ Joseph M. Smith,
Jno. A. Swett,
Willard Parker,
Gurdon Buck,
Alfred C. Post, }

all of
New York.

THE

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AMPUTATION AT THE HIP-JOINT—OSTEO-SARCOMA.

[Communicated for the Boston Medical and Surgical Journal.]

IN November, 1850, a boy by the name of Scribner, while riding upon a wagon, had the right leg caught between the spokes of one of the wheels, and carried around the axletree with such force as to lacerate the integuments and posterior part of the ligament of the knee-joint, leaving the lower extremity of the femur naked and protruding some four inches. Under the care of physicians of the vicinity, efforts were made for the preservation of the limb. As would have been expected, severe inflammation and constitutional irritation followed, and to these succeeded excessive and protracted suppuration. As the acute inflammation subsided, and after a long continuance of the suppuration, there came on a chronic enlargement of the limb above the knee, which continued, together with the suppuration, till February, 1851, when the powers of the constitution had become so far exhausted as to threaten the life of the patient. Additional counsel was now called, and the thigh was amputated near or just above its lower third. Although the operation put an end to the excessive suppuration, and the boy gradually recovered from the prostration, and nearly, if not quite, acquired his usual physical powers, there was a small portion of the stump, about the extremity of the divided femur, that never healed, but continued to discharge a sanious fluid, while the limb continued increasing in size, and the enlargement extending higher. Some time after the amputation, another fistulous opening appeared, an inch or two above the extremity of the stump, evidently extending to the bone, which had no disposition to heal, but discharged the same sanious fluid.

This was the condition of the patient in July last, when I first saw him, by the request of his attending physicians, with reference to a second amputation. On the one hand, the local symptoms seemed to forbid the hope of restoration of the limb, raising the suspicion that a malignant disease was disorganizing the femur and its contiguous tissues, but to what extent could not be determined; while on the other hand, the recruited and recruiting condition of the general system, seemed to contradict the local indications, and urge a further trust and reliance in the general restorative power. As it seemed apparent that amputation,

anywhere below the articulation, might subject the patient to a third operation, and believing the urgency of the symptoms did not warrant so perilous an operation, it was resolved that time should define more satisfactorily the extent and character of the disease, or the constitution more forcibly insist upon its necessity.

As the boy was of a highly strumous diathesis, he was ordered such alteratives and tonics as his state and habit seemed to indicate, and future indications to be carefully watched.

The general health continued to improve, and the local disease to advance, till the commencement of October last, when his family and physicians, perceiving his health was beginning to fail, and the disease more rapidly advancing, and concluding that there was no longer safety in delay, I was again requested to see the patient.

Oct. 11th.—Found the enlargement exceedingly increased, the limb nearly three times its healthy circumference, and extending to the pelvis, of a milky whiteness, of almost incompressible hardness, and of acute sensibility. The same sinuses were discharging, and there was an inflammatory appearance on the anterior aspect of the limb, which proved to be, as was anticipated, the result of a new sinus, making its way from the femur, nearly as high as the minor trochanter. Two important considerations urged immediate amputation—a fear that the disease would soon extend beyond the limits of the femur, and attack the structure of the acetabulum; and, second, the advantages that might be derived by availing ourselves of the recruited powers of the constitution, which were beginning to be wasted by the recent and more rapid progress of the disease. The boy at this time was about 10 years of age.

With the advice and assistance of Drs. Bacon and Jones, to whom I am indebted for valuable aid, on this and several other occasions, the operation was performed as follows:—

The patient was placed at a convenient height, and in a convenient position, on the back. He was fully narcotized by chloroform. The main artery was compressed over the pelvis, and after the process of Beclard (modified by Liston), by a double-edged knife, the thigh was transfixed, by entering it above the eminence of the large trochanter, carried over the anterior surface of the neck of the bone and out just above the tuberosity of the ischium, thus forming the anterior and somewhat internal flap. As the periosteum and other tissues, immediately in contact with the trochanters, were apparently healthy upon raising the flap, it was resolved to form the posterior flap, with its base somewhat lower than the first, and saw the bone through the minor trochanter, and in case the whole structure of the bone at this point was found free from disease, leave the articulation undisturbed. But the internal structure of the bone was found to be altogether disorganized, leaving a very thin shell, and quite filled with a bloody, purulent matter.

The large number of vessels necessarily divided at this point, were controlled as divided, by the hands of assistants, until they could be ligatured, when the bone was disarticulated as originally contemplated. As I was deprived of the advantage of the shaft of the femur, I anti-

cipated some inconvenience in the disarticulation ; but the division of the transverse ligament of the socket, after the partial division of the capsule, gave very easy access to the inter-articular ligament, and the whole was completed without embarrassment or delay. There was not more blood lost, than I have usually lost in amputation at the continuity of the thigh.

When about to form the posterior flap, it was observed that the great enlargement of the limb, the indurated and consolidated condition of the tissues, to near the base of the first incision, would constitute a barrier to the introduction and passage of the knife, around the femur, so as to embrace all the remaining tissues, and give the flaps the dimensions desired. The knife was, therefore, introduced in nearly a perpendicular direction, on the external side of the bone, and carried out posteriorly, splitting the posterior flap in the middle ; then in like manner on the inside of the bone, making three flaps, the two last of nearly equal size, an external lateral flap, a posterior and an anterior. Although there is probably no precedent for this, it appears to me there were decided advantages resulting from the division of the posterior flap. It furnished a very pending and accessible channel for the exit of the ligatures and secretions. The greater flexibility of the flaps, favored a more perfect coaptation to each other, and to the cavity of the acetabulum ; leaving less space to be filled by granulations, and consequently was more favorable to union by the first intention ; and, again, it is accomplished with great facility. A more perfect adaptation of parts, or a more symmetrical stump, it is not easy to conceive. In the speedy union, slight suppuration and constitutional disturbance that succeeded, were realized more than was promised by the mechanical appearances.

As the patient resides some sixty miles from me, I have not seen him since the operation, but am indebted to Drs. Bacon and Jones, and the father of the patient, for the history of the case subsequently, as well as previous, to the operation. A mild degree of febrile excitement, for three or four days succeeding the operation, was the only constitutional consequence that was manifested, and this was controlled by an occasional anodyne and a saline cathartic.

On the eighth day, the time of the first dressing, the wound was seven-eighths healed by the first intention. The suppuration was very trifling, not sufficient, as it seems, to retard the restoration of the constitutional powers. After the fourth day, the constitution seemed hardly to have recognized the local injury.

Nov. 3d, Miles S. Scribner, the father, writes as follows—"The tenth day after the operation, my boy got up, dressed himself, and went into the kitchen, unaided by any one, and has not been confined to his bed a day since ; has been to school two half days, and is at church while I am writing. His bodily health is perfectly good, and to all appearances his leg is healing perfectly sound, and is apparently mostly healed."

Nov. 5th, Dr. Jones writes—"The boy is doing well. Has been going to school for several days. The wound mostly healed."

The ligatures came away between the 15th and 25th days. The boy went to school on the 14th day after the operation. Has continued

perfectly well and at school through the winter, and without any indications of a recurrence of the disease, and is more robust than formerly. Dr. Bacon, by letters, has also given me the particulars of the progress of the patient.

Although the early and active exertions of the patient, in the present instance, show a remarkably speedy recovery from a severe operation, I would not recommend the example. I should fear the patient was not beyond the danger of secondary hemorrhage, which was not probably considered by the friends of the boy.

Pathological Appearances.—The internal structure of the cylindrical portion of the bone remaining, had been disorganized, and the canal filled quite to the head of the femur, with a bloody purulent matter. The external surface of the bone, the periosteum, synovial membrane, and all the structures of the cotyloid cavity, were perfectly free from disease. But the application of the point of a scalpel, to the head of the bone, easily penetrated it, the cancelli being wholly disorganized, leaving but the thin, flexible, cartilaginous covering, constituting the parietes of the cavity, which was filled with a lard-like substance, of the color and consistence of the iodine ointment. Four or five inches of the lower extremity of the bone were altogether wanting; the bone and all the soft tissues had been transformed into a homogeneous mass, resembling a carcinomatous gland, furnishing a well-defined specimen of the osteo-sarcoma of Boyer. I say of Boyer, for a great variety of morbid appearances have been denominated osteo-sarcoma by different pathologists, while the affection, of which this term is most significant, has received other appellations.

Pathological appearances indicated that organic change had its commencement in the medullary structure of the bone, and was continued from within outwards, till the last lamina of the compact structure being removed, the morbid action, modified by different tissues, was productive of the massive morbid structure, already alluded to, filling the space originally occupied by the bone and other tissues.

The strong resemblance of the disease to carcinoma, notwithstanding the healthy condition of the articulation and upper portion of the external surface of the femur, gave me great apprehensions of the recurrence of the disease. But now that seven months have elapsed, constitutional and local appearances seem to guarantee to the contrary, which is favorable to the opinions of those pathologists who contend that the disease is of local origin, and that the constitution only becomes involved by the long continuance of the disease. Yet I presume it would be admitted, that a *strumous* diathesis constitutes a predisposition to this affection.

It has been comparatively but a short time since the practicability of amputation at the hip-joint was a subject of animated discussion among the surgeons of Europe. Some of the most prominent, of the last and present century, condemned the operation; among whom were Pott, Calhoun and Richerand. But the mutilations, incident to military campaigns, and some instances of organic disease, separating all, or nearly all the tissues at the articulation, finally demonstrated its practicability,

and encouraged surgeons, under certain rare and extraordinary exigencies, to imitate the example. But the rare success of the operation left its expediency an unsettled question, for many years after it was first practised. As late as 1824, Dr. Mott, of New York, performed the operation, the fifth time it was ever done successfully, and the first time it was ever done in America. It would be gratifying to know how many times the operation has been done since in this country, and the results, by way of contrasting with those of the earlier operations; for I have an impression they have been far more fortunate, and that the operation in this country has oftener succeeded than in Europe. The cases of Prof. May of Washington, and Dr. Van Buren of New York, are all that have come to my knowledge that I now recollect.

Old Town, Me., May 17, 1852.

J. C. BRADBURY.

SCIATICA SUCCESSFULLY TREATED.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I forward for publication the following case, which was successfully treated by me.

Mrs. Lawrence, aged about 54, and residing at No. 267 Henry street, corner of Gouverneur street, New York, had been afflicted for over five years with sciatica in the right hip, the excruciating pain of which was so great as to produce a rigidity of the joints of the knees and contractions of the tendons, threatening a confirmed case of ankylosis, in consequence of her drawing up her feet and flexing the knee-joints in order to obtain relief from pain. Her nervous system had become so irritable that the physicians who attended her had treated her for neuralgia instead of sciatica. My first visit to her was on the 5th Sept., 1848. She is a thin, tall woman, light hair and complexion, naturally of a cheerful disposition, but owing to her long suffering was in a state of great despondency. She had also suffered for over twenty years with leucorrhœa, which had emaciated her and so debilitated her constitution that she was approaching a state of rapid decline. She had a slight cough, and expectorated a matter tinged with blood. Her bowels were variable, but generally constipated. She urinated freely, but only small quantities at a time. Her pulse was full, but weak. I commenced my treatment by giving her—R. Carb. sodæ, ʒ ij.; potass. nitras., ʒ j.; pulv. Doveri, ʒ ss.; liquor potassæ, ʒ j.; spts. ammon. aromat., ʒ ss.; aqua, ʒ vj. Dose, two tablespoonfuls every six hours. Rub the hip and knees freely every two or three hours with the following liniment. R. Ext. hyoseyanus, ʒ ss.; ext. stramonium, ʒ ss.; tr. opii, ʒ j.; ol. cajeput, ʒ j.; ol. organum, ʒ j.; lin. sapo cum camph., ʒ vj.; aqua ammonia, ʒ ss. M. And in order to regulate the bowels, which were in a torpid state, I administered the following—R. Mass hydr., gr. xv.; pulv. rhei, ʒ ij.; sapo Hispan., q. s. Ft. pil. no. xij. Dose, two pills night and morning. This treatment was followed up for a week, but without producing the effect I desired. The pain was somewhat relieved, and her bowels were brought into regular action. I now com-

menced blistering the hip with *R. Acetum cantharidis*, and giving the following powders—*R. Pul. colchici*, gr. vj.; *pulv. zinzibar*, gr. vj.; *pulv. Doveri*, gr. vj.; *pulv. ipecac.*, gr. ss.; *bi-carb. potassæ*, gr. vj.; *pul. gum guiac.*, gr. vj. *M. in pulv. no. j.* This powder was given night and morning in half a tumbler of water. The blister was kept open by dressing it with *R. Ung. resinosum flav.* and an occasional slight application of the *acetum cantharidis*. This treatment was followed up, with the happiest results. The pain gradually ceased on the right hip and shifted itself to the left, when the same treatment was resorted to with equal success. In the mean time, in order to reduce the contraction of the ligatures of the legs and the stiffness of the knee-joints, the parts were freely rubbed with the liniment before prescribed, with the addition of neat's-foot oil and a poultice of *althæa communis*. The knees were then enveloped in oil-silk in order to retain the heat and moisture. Gentle flexion and tension were also given to the limbs from time to time, till they became perfectly supple and straight. With the aid of crutches she could now move from her bed, which she had not been able to do for over five years, unless when lifted out. The liver being a little affected, I gave her—*R. Ext. taraxici*, ʒij.; *ext. granni*, ʒij.; *bi-carb. sodæ*, ʒ ss.; *infus. gent. comp.*, ʒ viij. *M. Dose*, a tablespoonful three times a-day, in addition to the pills previously ordered. Under this treatment, followed up for some six weeks, she so far recovered that I deemed it advisable to attend to the leucorrhœa, which I had abstained from till now. For this I prescribed—*R. White French nettle flowers*, ʒj.; *ext. rhatan.*, ʒj.; *aqua bull.*, Oj. *Infus. Dose*, a wineglassful four times a-day. *R. Cort. quercus alba*, ʒij.; *aqua bull.*, Oj. *Infus. Add acet. plumbi*, ʒj.; *alum.*, ʒij. *M. Inject the vagina five or six times a-day with a glass syringe.* The anti-consumption syrup, as published in your Journal, was also given to check the cough, &c. Under this treatment, accompanied with a generous diet, she rapidly recovered. She was under my treatment about four months, when I considered her cured. She has not had any relapse since, and is at this moment a fine healthy woman.

I am yours respectfully, J. X. CHABERT, M.D.
431½ Grand st., New York, May, 1852.

DR RODGERS, THE CATECHISER OF MRS. WILLARD, ANSWERED.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In No. 14 of the current volume of your Journal, May 5th, 1852, Dr. M. M. Rodgers, of Rochester, has published an article, headed—“*Catechism for Mrs. Willard.*” He propounds certain questions, and says, “if they can be satisfactorily answered, Mrs. Willard’s hypothesis may become a scientific fact, and not before.” Although only a student, I think I can not only answer every one of the Rochester doctor’s queries in a satisfactory manner to the medical profession, but in a manner so entirely satisfactory to the doctor himself, that he will never venture to question the Trojan lady again. By reading her works he

will find, that knowledge, and *the want of it*, are often better displayed by asking questions, than by answering them, and the catechiser himself will afford an apt illustration of this general proposition.

His first question is—"Where is the motive power of the circulation in those classes of animals which have no lungs, as the fishes, molusca, crustacea, insects, radiata, vermes?" &c. In framing this question so as to stand as an objection to the Willardian discovery "that the chief motive power of the circulation is derived from the respiratory or pulmonary organs," the catechiser has fallen into the mistake (which any second-course student in the Louisiana University or the Troy Institute can or ought to be able to correct) of supposing that "fishes, molusca, crustacea, insects, radiata, vermes, &c.," have no pulmonary or respiratory organs, because they do not happen to be called lungs. All animals, and vegetables too, have respiratory organs. These organs in the higher animals (the vertebrated terrestrial) go by the name of lungs. In the fishes, molusca and crustacea, they are called gills or branchiæ; in insects, *trachiæ*; and in the radiata, vermes, &c., they have appropriate names assigned them. In plants they are usually called leaves. As all animals and vegetables have respiratory organs, and as all have a circulation of some kind, Mrs. Willard's doctrine locating the chief motive power of the circulating fluids in the respiratory organs, locates it in organs always present and always existing in every form of animal and vegetable life. Whereas those who suppose that the chief motive power of the circulation is derived from the heart, attribute it to an organ entirely wanting in insects, radiata and vermes, and never met with at all in the vegetable kingdom. Yet vegetables, together with a most numerous class of the lower order of animals, have a circulation and no heart to give motion—but all have respiratory organs.

Question 2d. "Where is the motive power of the fœtus in utero, when the lungs have no particular part in the circulation?" Truly, where is it? Can Dr. Rodgers tell? If the doctor supposes that all doubts and mysteries of the motive power of the blood in the fœtus, have been cleared up anterior to the Willardian discovery, he is as much mistaken as children fresh from the nursery in thinking they know exactly what the moon is made of. The Willardian discovery explains the fœtal circulation very satisfactorily. Allow me to repeat Dr. Cartwright's explanation, only, *as yet, orally communicated*. "The placenta is the respiratory apparatus of the fœtus in utero. It does for the fœtus what the lungs after birth do, viz., oxygenates the blood and gives it motion." Mrs. Willard had not got thus far, but Dr. Cartwright has improved on her discovery.

The third and last question of Dr. Rodgers is in these words—"Where is the motive power in the fœtus or embryo, before the lungs are formed at all, and the heart is the only centre?" This question presupposes that there is a nice little heart perfectly formed in the embryo to give motion to the blood to form the other organs. This is a very large mistake about the little heart. It does not happen to be formed as soon as some of the other organs—the brain and spine, for instance. A considerable portion of the embryotic life is passed before the heart assumes

the form of a hollow organ. When first seen, it is a mere membrane on each side of the mesian line, one half lying on one side of the mesian plane, and the other upon the other side. Truly, where is the motive power of the circulation in the embryo, before the heart is formed? If the catechiser will examine an egg, he will find that a provision is always made for the aëration of the ovum within. It consists of a membrane covering the abdomen and coming in contact with the air through the pores in the shell. This membrane is the respiratory apparatus of the ovum. On its surface, the umbilical vessels of the chick are seen to ramify long before any heart can be perceived. Thus the chief motive power of the circulation in the ovum is located in and derived from a respiratory organ, in the shape of a membrane covering the albumen.

D. J. McCANN, A.B.

New Orleans, May 17th, 1852.

OPERATION FOR STRANGULATED HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send you the following case, hoping that you will find it of sufficient interest to appear in the pages of the Journal.

I first saw the patient, May 10th, at 5 o'clock, P.M. On examination I found a strangulated direct inguinal hernia of the right side. The hernial protrusion was, by measurement, eighteen inches in circumference. The history of the case, up to the time when I took charge of it, is as follows:—The patient is a man about 38 years of age, tall and very muscular. Has always been a laboring man, and in the habit of lifting heavy weights, but has never, until to-day, had any hernia, or in fact sickness of any kind. This morning (May 10th) he eat heartily of clams, and about 12 o'clock was taken with a violent attack of vomiting. While in the act of vomiting, he "felt something give way" in his abdomen, and this large mass was immediately protruded. He sent at once for his family physician, who, after trying all the usual methods for reduction, without success, advised that he should send for me to operate. When I saw the case, at 5, P.M., I made a short and ineffectual attempt to reduce by taxis. I now called in, for additional counsel and assistance, my father, Dr. Andrew Mackie, and Dr. Wm. A. Gordon. On consultation with them, it was decided to operate at once. The patient was put under the complete anæsthetic influence of chloroform by Dr. A. Mackie, and after another unsuccessful attempt to reduce by taxis, I proceeded to perform the operation, assisted by Dr. Gordon. It was performed after the usual method. The stricture was divided in a line parallel with the linea alba, and the contents of the sac, consisting of large and small intestine and omentum, returned into the abdomen. The wound was closed with sutures and dressed with a compress wet with cold water, secured by a T bandage. The patient was then placed in bed, lying on his back, with the head and shoulders slightly elevated, and directed to maintain this position strictly. To take nothing through the night but cold water, and that very spar-

ingly. When I left at 9 o'clock, he was as comfortable as we could expect. The operation was rendered very embarrassing by the want of sufficient light, as it had to be done by the light of a single lamp, and the tissues covering the sac were so much distended, that it was almost impossible to distinguish one from another.

May 11th, 5, A.M.—Somewhat feverish; tongue moderately coated; pulse 110, hard and full; some tenderness of abdomen. Bled him $\frac{3}{4}$ xxiv. from the arm. Ordered the abdomen to be kept covered with cloths wet with cold water.

10 o'clock, A.M.—Saw him again, with Drs. A. Mackie and Gordon in consultation. Pulse now 98, much softer than at previous visit. Less tenderness of abdomen. Bowels had not been opened since the operation. R. Sulph. magnes., $\frac{3}{4}$ ss. May take rice-water in small quantities through the day.

5 o'clock, P.M.—Saw him again, with Drs. A. M. and G. Condition same as at previous visit. Salts had not operated. R. Ol. ricini, f $\frac{3}{4}$ ss. Repeat every three hours till it operates.

12th, 8½ o'clock, A.M.—Saw him with Drs. M. and G. Had taken one dose of oil, that operated freely three times, at 7 and 12, P.M., and 4, A.M. Stools dark and very offensive; pulse 84; tongue slightly coated; abdomen free from pain. Dressed the wound for the first time. Seems to be healing by first intention. Some puffiness, but not much soreness. May drink through the day, moderately, of well-cooked corn meal gruel.

13th, 8½ o'clock, A.M.—Dr. Gordon in consultation. Seems to be getting along nicely. Pulse 68; tongue cleaning; abdomen free from pain. Has felt some disposition to evacuate his bowels, but has had no passage. Wound looks well. R. Ol. ricini, f $\frac{3}{4}$ ss. Diet—gruel.

From this time the case steadily progressed. I removed the sutures on the 14th, and on the 20th, the wound being entirely healed, I fitted a truss, and the patient got up from his bed, and went about his usual business.

The principal points of interest in this case, are, the large size of the hernia, its sudden formation, the absence of any peritonitis after the operation, and the rapid recovery. In my opinion, the free bleeding on the morning after the operation exerted a powerful *prophylactic* influence in preventing peritonitis. I think the success of this operation is a strong argument in favor of operating early. JOHN HOWELL MACKIE, M.D.

New Bedford, May 24th, 1852.

BURLEIGH SMART, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

DIED, in Kennebunk, Me., on the 6th of April, Burleigh Smart, M.D., aged 57.

"The beloved physician" is no more! In the full vigor of health and the free exercise of all his powers; when his professional skill and reputation seemed daily acquiring new lustre, and prosperity and

happiness were strewing his path with flowers, he was called away—away from all who so fondly loved and trusted him. The staff on which they had leaned with so much confidence was suddenly broken, and many a heart is filled with mourning; for Dr. S. was the faithful *friend*, as well as the skilful physician. Who, that has ever seen his otherwise thoughtful countenance, lighted up with the smile of encouragement in the sick room, can forget the sunshine of that look?

Of his professional merits, I could have wished an abler pen than mine to write. A common observer would have noticed the readiness with which he detected the nature of diseases. He seldom failed in his *diagnosis*, and remedies were promptly applied to the *cause* of the trouble, while the more urgent *symptoms* were not unheeded. Though this knowledge, at times, seemed almost intuitive, yet the doctor was always a *student*. He truly loved his profession, and neglected no means of ennobling it.

In diseases of the throat and lungs, he was particularly successful. His ready ear detected the first approach of dread consumption—and the smile of returning health has often rewarded him for his “word in season.”

In surgery his rank was even higher than in medicine. His strong nerves and steady hand eminently fitted him to perform the most delicate and painful operations; and many of his cases, if reported, would furnish much that was interesting and valuable in that department. Indeed, he never seemed so well qualified to bless his race as at the time of his departure. He truly “died in the harness”—for he had just returned from visiting a patient, at half past 8 in the evening—and while sitting by the fire, engaged in conversation, he suddenly fell from his chair, breathed a few times, and all was over. Ah! who shall draw aside the veil which shrouds that family circle.

His funeral was attended by crowds of young and old, rich and poor. Tears fell from “eyes unused to weep.” One poor old man, bowed with the weight of more than 80 years, walked four miles, through the heavy snow, to prefer his simple request—“Can I look on the dead?” Such tributes show how strong a hold the departed had on the hearts of those who best knew him.

He was himself a man of strong feeling, and independent action; happily they were engaged on the right side—on the side of the sick and the suffering.

ONE WHO KNEW HIM WELL.

May 25, 1852.

THE RIGHTS OF DISCOVERERS—ANÆSTHESIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The subject of ether has been so often before your readers, that I am almost afraid to mention its name, for fear of paralyzing their nerves of sensation; but seriously, “that which has disarmed the knife of its terrors,” by the magic influence of anæsthesia, may well claim a few thoughts on its merits, when those merits seem to be at issue. Yet per-

sonally I cannot regard them as at all at issue, after the most learned and scientific body in the world, the Academy of Arts and Sciences of France, have examined the whole subject and the evidence sustaining the claims of the *thirteen* different claimants in various parts of the world, including those of Dr. Jackson, and Messrs. Wells and Morton, in our own country, and have awarded the discovery to Dr. Charles T. Jackson of Boston; and after the French government has approved this award by conferring upon Dr. Jackson the Cross of the Legion of Honor, and the Swedish government, at the suggestion of Berzelius, has in like manner approved it by conferring upon him the Gold Medal of Merit.

I copy from the "Comptes Rendus" of the Academy, the exact language of the award, because it has been wrongly translated, in a book, wherein the word *indications* (to point out) has been rendered "suggestions."

Award of the Academy.—"En conséquence, elle propose à l'Académie de *décerner* un prix de 2,500 francs à M. Jackson, pour ses observations et ses expériences sur les effets anesthésiques produits par l'inhalation de l'éther : un autre de 2,500 francs pareillement à M. Morton, pour avoir introduit cette méthode dans la pratique chirurgicale, d'après les *indications* de M. Jackson."

Thus awarding the *discovery* distinctly to Dr. Jackson, with 2,500 francs in money. The addition of the Cross of the Legion of Honor, as, in the words of the award, "a recompense for a discovery that has been a benefit to all mankind," shows that the merits of the discoverer and his servant are held immeasurably distinct. Subsequent knowledge, if made known to the Academy before the award, would in my judgment have influenced the Academy to have made *no award whatever* to any other than Dr. Jackson.

The following opinions, from high authority, *indicate* the convictions of scientific men in France.

An editorial in the Journal des Connaissances Medico-Chirurgicales, of November, 1848, one of the principal medical journals of France, prepared under the direction of M. Velpeau, chief surgeon of the Hotel Dieu, and professor of surgery in the University of France, speaks as follows:

"The question of priority of discovery is, then, no longer doubtful for the scientific men of France and England; and the name of the scientific man to whom humanity owes so great a benefit, will be forever that of Dr. Charles T. Jackson."

Louis Figuier, *docteur en science*, in volume I., in his "Exposition et Histoire des principales Découvertes, Scientifiques Modernes, Paris, 1851," says, "we are perfectly convinced that Dr. Morton did not know the first word about ether, when in the month of September, 1846, Dr. Jackson communicated to him all his ideas respecting it." This, I must remark, is his conclusion after analyzing the published evidence of Dr. Jackson, and Messrs. Wells and Morton.

There are some few persons who bring in question, in a spirit of capriciousness, what constitutes a scientific discovery. In order to put at rest

forever their theory, that stealing a man's ideas constitutes a discovery, I copy, from a large number of cases in point, two decisions of unquestionable authority. P. M. Roget, formerly Secretary of the Royal Society of Great Britain, in the "Library of Useful Knowledge," vol. 2nd, article on Electricity, writes as follows :

"It should be noticed, however, that about a month before Franklin had made those successful trials (viz. his experiments with the kite) some philosophers, in particular Dalibard and De Lord, had obtained similar results in France, by following the plan recommended by Franklin. The glory of the *discovery* is universally given to Franklin, as it was from *his suggestion* that the methods of attaining it *were originally derived*."

Sir David Brewster, in his annual address to the British Association, also says, "the new planet was discovered by the calculations of Adams and Laverrier, long ere a ray of its light had entered the human eye."

An article published in the Boston Daily Advertiser, understood to have been written by Dr. Jacob Bigelow, President of the American Academy of Arts and Sciences, alludes to the discovery, as that of Laverrier in the inductive science of astronomy ; and physiology most assuredly belongs also to the inductive sciences, as is universally admitted.

May, 1852.

H. A. H.

SPIRITUAL WRITINGS AND THE "JERKS."

[THE two last numbers of the Western Journal of Medicine and Surgery contain some interesting remarks, by one of the editors, on this subject. Dr. Taylor's article in this Journal is favorably referred to and quoted from by the writer, and he then proceeds to compare the singular epidemic, if it may be so called, with a previous one, of equally strange character, in this country.]

A more remarkable example of this perverted condition of the nervous system was, perhaps, never afforded than by the "*Jerks*," which accompanied the intense religious excitement that prevailed in Kentucky and Tennessee about the beginning of the present century ; and as that vagary seems to us to throw much light upon the mania under consideration, we will quote from a late writer some passages descriptive of the strange phenomenon. We refer to the Rev. Dr. Davidson. In his interesting and valuable "History of the Presbyterian Church in Kentucky," he has collected with much labor many curious and instructive details on this subject, which are not less interesting to the physician than the theologian.

The first occurrence of the "*jerks*" was at a sacramental meeting in East Tennessee, "when several hundreds of both sexes were seized with strange and involuntary contortions." Dr. Davidson remarks :—

"From the universal testimony of those who have described these spasms, they appear to have been wholly involuntary. Thus they have been represented by McNemar in the passage just cited. This remark is applicable also to all other bodily exercises. What demonstrates sat-

isfactorily their involuntray nature is, not only that, as above stated, the twitches prevailed in spite of resistance, and even the more for attempts to suppress them; but that wicked men would be seized with them while sedulously guarding against an attack, and cursing every jerk when seized. Travellers on their journey, and laborers at their daily work, were also liable to them.

“Instances have been given of men concealing whips on their persons, with the intention of using them upon the subjects or advocates of these contortions, who have themselves, to their great surprise and horror, been suddenly seized in a similar manner, and their whips have been violently jerked out of their hands to a distance. A young man, the son of an elder, who was a tanner, feigned sickness one Sabbath morning, to avoid accompanying the family to a camp-meeting. He was left alone in bed, with none others in the house but a few black children. He lay some time, triumphing in the success of his stratagem, but afraid to rise too soon, lest some one might be accidentally lingering and detect him. As he lay quiet with his head covered, his thoughts were naturally directed to the camp-meeting, and fancy painted the assembled multitude, the public worship, and individuals falling into the usual spasmodic convulsions. All at once he found himself violently jerked out of bed, and dashed round the room and against the walls, in a manner altogether beyond his control. Recollecting that praying was said to be a good sedative on such occasions, he resorted to the experiment, and to his great satisfaction found it successful. He returned to bed quite relieved, but only to be again affected in the same way, and to be again quieted by the act of praying. He then dressed himself, and, to occupy his mind, went to the tanyard, and drawing a skin from the vat, prepared to unhair it. He rolled up his sleeves, and, grasping the knife, was about to commence the operation, when, instantaneously, the knife was flitted out of his hand, and he himself jerked backward over logs and against the fences, as before. Gaining relief by resorting to the former remedy, he ventured to resume his occupation, and again he was interrupted. But, finding his talisman losing its efficacy, he began now to be really alarmed, and, quitting the yard, he returned to his chamber, and betook himself to prayer in good earnest. In this condition, weeping and crying to God for mercy, he was found by the family on their return.”

We have said that there appears to us to be a striking analogy between the condition of the nervous system which leads to these writings, and that which existed in the persons who were affected with the “jerks;” and some further facts which we have now to add will, we think, render this still more apparent. Thus, while this singular affection was not confined to any class or sex, but men and women, black and white, were its subjects, still it was observed that women were much more apt to fall into it than men; and it was also remarked that those who had once been seized were particularly liable to a second attack, and jerking or swooning readily became a habit. “Women,” it is stated, “had their nerves so weakened by the frequency of these attacks, as to fall while walking to or from the meeting house, engaged in narrating past exercises without any uncommon emotion, and drop from their horses on the road.”

Many instances of this acquired habit of the nervous system are recorded by the writers of that period. Thus, Dr. Cleland, an estimable and pious clergyman, relates that riding one day with a lady, the wife of a presbyterian elder, who had been some time previously affected with the jerks, it occurred to him to try whether they might not be renewed simply by starting a particular train of ideas in her mind. The conversation just before had been of an indifferent character; he changed it abruptly to devout and solemn subjects, and adds, that "before two minutes had elapsed, her body began to be violently agitated, pitching upward and forward, from the saddle half way to the horse's neck, six or eight times in a minute."

There were those who struggled long and earnestly against the disposition to fall, but were forced to yield at last. One fell, after bitterly opposing what was esteemed a "divine work," and another, exclaiming that it was "an unfortunate sight and a great mortification." "One dropped, as if shot, just after expressing his fears that the work was not right." A father threatened his swooning daughters that he would beat them if they ever came to such a place again, and fell with the words in his mouth. A man fell at Lexington, "who had told an acquaintance if he fell he might put his foot on his neck and keep him down."

Not only were there these involuntary motions, the result of sympathy, but in many of the subjects there was also the unconsciousness and insensibility presented by the mesmeric state. Persons, to their great surprise, found themselves unable to move when they wished. One young lady is mentioned who was not aware of any change in her condition, and was amazed to find the people flocking around her; but then making an effort to move, she found herself powerless. Some, while in this state, were both conscious and capable of conversing; others were speechless. The most energetic stimulants, as in artificial somnambulism, made no impression upon the sentient nerves. A phial of harts-horn was applied by a clergyman to the nose of a stout young man, who was lying flat on his back, and by accident some got into his nostrils; "but he took not the slightest notice of it."

On one occasion Lorenzo Dow, while preaching in the court-house at Knoxville, Tenn., the Governor of the State being present, saw one hundred and fifty persons exercised by the jerks. At another meeting, where the excitement had risen to a wilder pitch, three thousand persons were reported to have fallen. The influence by which these strange manifestations were induced, as every one must be prepared to learn, was held by the multitude to be supernatural. It was esteemed, as we have said, a divine work, which it was hazardous and sinful to oppose. The subjects were often in an ecstatic state, and had visions and revelations. They saw dazzling light such as they could not behold. "Two women," says a historian of the times, "have fallen into trances, and one has passed a golden bridge to heaven; the other has been in heaven," &c. &c.

No doubt there were sensible and discreet men, probably physicians, who believed that these people were in communication with the spiritual world. No one believes so now; and yet the "spiritual writers" may

be defied to bring out anything more marvellous than the phenomena afforded by the "jerks." These things—mesmerism, the jerks, spiritual writing, all in them that is not fraud and deception—belong, then, in our judgment, to the same category, and have their origin in a peculiar, perverted state of the brain. It is a state easily induced in some individuals, while others are capable of resisting it. The subjects of mesmerism are found to be the apt spiritual writers, as the believers in clairvoyance are those who yield the readiest credence to its being the work of spirits.

We do not deem it worth while to write against the thing. It *will* have its day. The populace will be carried away with it; some will lose their senses, and commit crimes, or get into mad-houses; and then after a time

"all this derision
Will seem a dream, and fruitless vision."

As an apology for the length to which we have extended our remarks upon this subject, we have said, that the miserable superstition has ended, in not a few instances, in deplorable insanity. In this city we already hear of persons who are fully persuaded that they hold daily converse with the spirits of their departed friends, and one young man is understood to have been impelled to suicide by these spiritual writers. We may not be able to arrest the delusion, but it ought at least to be exposed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JUNE 2, 1852.

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*Massachusetts Medical Society.*—This year the annual meeting of our State Society will be held at Pittsfield, on Wednesday, June 23d. A hope is entertained that the profession will give a punctual attendance, as the season is propitious for an excursion into the interior, and the facilities by railroad are unrivalled. No doubt very ample preparations will be made to meet the wants of the medical strangers who may be present. If holding the meetings in different sections of the Commonwealth answers the object contemplated by the friends of the measure, it will be extremely gratifying to the members. We regret to learn that a misunderstanding has prevailed to some extent among the members respecting the time and place of the annual meeting this year. Many thought it was to take place in Boston last Wednesday, and several distant members came from the country on that day to attend it. We know not that any one is to blame for this mistake, though an earlier official notice would doubtless have prevented it. The Society seems destined to be unfortunate in its notifications respecting the annual meetings.

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*Permeability of Metals to Mercury.*—A republication of the learned Prof. Horsford's paper on this subject, from the American Journal of Science, will give those an opportunity of obtaining it who are not



subscribers to that able work. Chemistry is a great science—but the laborers are few, and the science is so unsatisfactorily taught in the schools of medicine, that whatever emanates from authority in this department of American medical education should be gladly seized upon. There is no intimate connection between the subject of this article and practical medicine, yet medical men generally take a deep interest in whatever is developed in regard to mercury.

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*Louisiana State Medical Society.*—Edward H. Barton, M.D., late president of the above-named Society, and whose name is identified with whatever is worth having or knowing in the domain he has successfully cultivated for many years, delivered an address on retiring from the presidential chair, which his brethren did themselves the honor to publish. Although embraced within the compass of ten pages, it grasps a variety of topics, each of which is discussed, as Dr. Barton handles all subjects, with a thoroughness that is refreshing. He urges upon the consideration of the society various matters of the highest interest to humanity. No one at the South better understands the value of sanitary measures, on which the increase of population, a development of the resources of the country, and commercial enterprise, exclusively depend, and Dr. Barton has neglected no opportunity of urging upon the profession and the citizens of New Orleans the necessity of obviating the sources of disease which are perfectly at their command. He has rung it in their ears, for a long time, that New Orleans might be a place of health. The far-off people of other States, and, in fact, of other countries, still call it the grave of strangers. There is something evidently contradictory in the statements of those who assert New Orleans to be the abode of health, and the universally diffused opinion that human life is held there by a feeble tenure, owing to the fatal prevalence, from time to time, of fevers that are not readily controlled. If the city authorities have not listened to the warning voice of its physicians, many of whom have a reputation that would command municipal respect, and influence local legislation, even in New England, the commercial interests of the inhabitants will certainly suffer by the neglect. The world is becoming wiser, since the laws of health have become a distinct branch of study; and those who refuse to better the condition of a community exposed to the development of a pestilence, when they are advised to do so by competent counsellors, have nobody to blame but themselves when their trade is embarrassed, property deteriorated in value, and those who go down to the sea in ships are afraid to look in at their ports.

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*Hospital for Drunkards.*—When the Legislature, or private charity, shall provide a receptacle for that degraded portion of society, drunkards, it will be a triumph of benevolence, and the institution will doubtless be filled. For years past, the subject has been agitated; but beyond suggestions, and strong hopes, nothing has been accomplished. It is now a settled opinion that intemperance is a fixed disease, for which there is no remedy, and humanity and economy suggest that asylums should be reared for housing and giving employment to such as cannot be provided for by their friends. As the whole ground has been repeatedly gone over, and enough written in favor of the project, if it is ever to be undertaken, by this or any other State, a further discussion would be useless. Physicians trace many an ill to that great fountain of disease, gross

violations of the laws of health through habitual tipping, and the poor-houses are filled with living evidence of the physical and mental debility, to say nothing of poverty and crime, that is referable to this growing vice of the land. We commiserate the Chinese opium smoker, who is supposed to be ignorant of the effects of his besetting sin; but we deserve no compassion. Position, education, social relations or family obligations, have no restraining power, and the inebriate drops himself down into a premature grave. We should like to have something done as well as said, in regard to such a public receptacle, on account of the moral effects it might have.

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*Nashville Medical Institution.*—There was a hesitancy, some few years since, in regard to the probable success of a medical department of the University of Nashville, if it were organized. Finding that schools were springing up, gourd-like, all over the Union, a sense of modesty and even surprise restrained the original friends of the plan for a while. They could neither discover the utility or divine the destiny of so many mushroom schools. However, as nobody commended them for their moderation, but rather laughed at their antiquated notions in regard to the propriety of weakening the moral and scientific force of the nation, by diffusing it over too much surface, the Nashville gentlemen buckled on their armor and marshalled their own students, instead of sending them from Dan to Beersheba to swell the ranks in other States. Their result is, they have made an excellent school, educate professionally their own promising sons, and at this moment they are exerting an influence highly creditable to the learned faculty of the institution. Facilities for pursuing anatomical investigations are well arranged. This is one of the things never to be lost sight of or overlooked. If there have been reports adverse to the interests of the Nashville school, touching that point, they were groundless, and the invention of an enemy. The Legislature of Tennessee has created a State Hospital—appropriating the old lunatic asylum, a large and acceptable building, for immediate occupancy. There are eight professors, of acknowledged worth and enterprise, who are giving character and strength to the Nashville College, which will record its name on the pages of medical history, in a manner honorable to their memories in after times.

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*American Surgical Apparatus.*—English surgeons have always been ready to assist in the introduction among them of surgical instruments of value invented by our ingenious countrymen. Palmer's leg was extolled by them as superior to British ingenuity. Dr. Jarvis's adjuster, for reducing luxations, was also extensively used in England. Dr. Sanborn's extension splint, manufactured at Lowell, Mass., has received the approbation of all the eminent surgical authorities in London. It must be gratifying to the inventor, who has achieved an important desideratum in that beautiful instrument. We apprehend that the merits of this simple, but truly efficient machine, to prevent the shortening of the lower limbs by fractures, is not so well appreciated at home as in Europe. It should be in every hospital, and the property of all who are liable to be consulted in cases of fracture.

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*Chloroform for Animals.*—A stallion was subdued in forty seconds, at Washington, preparatory to a severe operation. He lay perfectly quiet,

and unconscious of the loss to which he had been subjected. This suggests the propriety of giving chloroform to all of our domestic animals, when they are doomed to the painful maimings which we impose upon them in our domestic economy.

*Massachusetts College of Pharmacy.*—The committee appointed to draft resolutions to be presented to the Massachusetts College of Pharmacy, to express the feelings of the members caused by the death of their associate, Mr. Daniel Noyes, submit the following:—

1st. That in the death of Mr. Noyes we know that we have lost one of the earliest members of the college, of which he was for several years President, and one who was among the most active and efficient; and those of us who were associated with him will always remember how efficiently and unobtrusively, in all his daily work in the world, he was continually doing good to all with whom he was associated and called upon to work in the various classes of society; that we mourn his loss and sympathize with his family and those friends who were more nearly connected with him than we were.

2d. That these resolutions be entered upon the records of the college and published in the Boston Medical and Surgical Journal, and a copy of the same forwarded to his family.

THOS. FARRINGTON,  
HENRY W. LINCOLN.

*Suffolk District Medical Society—Meeting for Medical Improvement, Saturday evening, May 29th.* (Reported for the Journal by GEO. STEVENS JONES, M.D.)—The meeting was called to order by the president, Dr. Homans, at 8 o'clock. Not a large number of the members were in attendance. Dr. Durkee presented a "living pathological specimen," being a case of lupus. He had applied comp. tinct. of iodine and the ungt. iodide sulphur to the tubercles, without any good resulting from their application; but by touching the parts with the acid nitrate of mercury once in two or three days, there seemed to be every chance of a successful and rapid cure. Dr. D. said that there were considered to be three varieties, or stages of this disease, and the case which he presented might be classed among the second varieties. The pus from the ulcers had a granulated appearance to the naked eye, but under the microscope it appeared to be made up of epithelial cells, which were peculiarly characteristic of this affection. He had a case of this disease two years since, which had then been of eighteen years duration; it was successfully treated by caustic potash.

Dr. Ayer read a very interesting paper relative to a case of inverted uterus, that occurred in his practice; but as the paper will be published in the Journal by his permission, notes were not taken.

Dr. Bethune mentioned the peculiar effect of atrophine in a case where it had been applied to the eye of a gentleman who had opacity of the cornea and adherent lens. He had directed his assistant to make only one application, but there were two made, which produced very great irritation, distressing the patient much, and finally caused him to be delirious for two or three days. This case of Dr. Bethune caused quite a discussion among the members, as to the use of narcotics; some of the gentlemen had known death to be produced by almost infinitesimal doses,



while others had known of persons who could with impunity take very large quantities. At 9½ the society adjourned.

*The Circulation in the Fetus.* MR. EDITOR,—It is not my purpose to enter into the discussion now going on as to the motive powers which circulate the blood. But I would propound one question for the observer of Nature—whether he has ever witnessed so monstrous a confusion, nay, contradiction in designs, as would be presented by a heart circulating the blood, and through a vital process, in the fetus, and the substitution of the lungs, and a chemical process, for the same function in the same individual at a subsequent period of life, and without any essential change of organization? Does he consider, also, the consequences to which this chemical hypothesis must lead, throughout the fabric of medicine, practically as well as theoretically, and does he carry his analysis to these considerations to learn how far they may conflict with the chemical doctrine of the circulation? Finally, I may say that that doctrine belongs to Liebig.\*

“A LOOKER-ON IN VENICE.”

\* See his “Animal Chemistry;” a work which found its way to the *toilet* in this country by its republication in the newspapers.

*Medical Miscellany.*—A petition is to be addressed to the Legislature of Pennsylvania for another medical college to be located in Philadelphia. It is to teach the doctrine that all systems are wrong but theirs.—A young man named Bassett, residing in Bethel (Danbury), took by mistake a quantity of corrosive sublimate. He survived the effects of it for three days, when death released him from his sufferings.—The average mortality of London is 164 per day. Another statistical commentator asserts that a birth occurs in London every seven minutes, and a death every nine. Population, about 2,400,000.—One hundred and twenty-one students attended lectures at the new school of medicine, Nashville, Tenn., the late term, and thirty-three were graduated.—Dr. Dix, the well-known oculist of this city, will open early in June, a house for the accommodation of persons with diseased eyes. Further particulars may be learned from the advertising sheet.—A depot has been established in Boston for the exclusive sale of dental apparatus, instruments, moulds and artificial teeth, which must be very acceptable to operative dentists.—Apprehension is expressed at New Orleans, that the plague will reach that city from the West Indies, where it is thought to be prevailing.

MARRIED,—Dr. George Nichols, of Northfield, Vt., to Miss E. M. Blake.—Thos. F. Rochester, M.D., of New York, to Miss M. M. De Lancy.—At New Haven, Conn, Charles Foot, M.D., to Miss A. J. Jenkins.—At Montevideo, Dr. John Ward, U. S. N., to Miss M. G. Dalton.

DIED,—At Roxbury, Dr. Peter Gilman Robbins, 73.—At Pawlet, Vt., Dr. Oliver L. Harman, 82.

*Deaths in Boston*—for the week ending Saturday noon, May 29, 63.—Males, 27—females, 36. Accidental, 1—disease of bowels, 2—disease of brain, 2—congestion of brain, 1—consumption, 14—convulsions, 2—cancer, 1—croup, 1—dropsy, 1—drowned, 2—erysipelas, 2—typhus fever, 1—typhoid, 1—scarlet fever, 4—gangrene, 1—disease of heart, 3—intemperance, 1—infantile, 3— inflammation of lungs, 4—marasmus, 1—measles, 1—old age, 4—palsy, 1—puerperal, 1—rheumatism, 1—thrush, 1—unknown, 1.

Under 5 years, 22—between 5 and 20 years, 3—between 20 and 40 years, 15—between 40 and 60 years, 9—over 60 years, 9. Americans, 23; foreigners and children of foreigners, 35. The above includes 3 deaths at the City institutions.

*American Medical Association—Washington Monument.*—Dr. Atlee, of Pennsylvania, offered the following preamble and resolution, which were unanimously adopted, at the late meeting:

Whereas, it is the duty of patriotism to do homage to those who have been benefactors to their country; and whereas the medical profession in the United States, heretofore not wanting in patriotic feeling or action, desire to co-operate with the other public bodies and institutions of the country in rendering their profound reverence to the memory of him who was "first in peace, first in war, and first in the hearts of his countrymen:"

*Be it therefore resolved,* That a committee of five be appointed, whose duty it shall be to solicit subscriptions from members of the American Medical Association, for the purpose of procuring a suitable stone with an appropriate inscription, for insertion, in the name of this association, into the national monument to the Memory of WASHINGTON, now in progress of erection at Washington city.—*Virginia Stethoscope and Med. Gaz.*

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*Injury to the Eye by Melted Lead.* By J. H. CLARK, M.D., Newark, N. J.—Was called March 24, 1847, to P. C., a plumber, aged 40, into whose eyes a quantity of melted lead had been directly thrown. A portion of the metal had penetrated between the lids in a fused state, and moulded itself to the ball of one of the eyes, covering nearly the entire surface; the lids also were much burned. A half hour had elapsed from the time of the accident, before I saw him. I immediately removed the lead, which was moulded not only upon the eye, but upon the brow and lids. I took out a piece which presented a precise mould of the cornea, and expected of course to find considerable injury, but to my surprise, owing to the profuse lachrymal secretion, and the rapid cooling of the metal, merely a severely conjunctival inflammation ensued. Employed promptly anti-phlogistic measures to relieve the inflammation.

25th. Patient much better; sight uninjured; lids much swollen; conjunctival vessels highly enlarged; no inflammation of any other tunic; no constitutional fever. By the means of occasional cupping, low diet, rest and darkness, Mr. C. was again at his shop upon the 31st, sufficiently recovered to pursue his ordinary avocation.

When I met with this case I supposed it to be without parallel, but I found that Mr. Lawrence, at page 177 of *Hay's Lawrence*, thus relates the following as the only case that ever fell under his observation: "I had a patient at St. Bartholomew's in whom melted lead had passed into the eye. A thin concave portion of the metal was removed, which obviously owed its figure to having been in contact, while liquid, with the eyeball. The organ sustained no material injury." My friend, Dr. David Greene, of New York, has since related to me a case in his own practice, where molten iron was borne with almost equal impunity.—*N. J. Med. Reporter.*

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*Arabian and Cyprian Aloes.*—Dr. X. Landerer states that much of the aloes employed in the East is produced in Arabia, where various species of aloë grow in considerable abundance. The drug is rudely manufactured by the Arabs from the expressed juice, and is then carried to the bazaars of Alexandria, Cairo, Smyrna, &c.

The aloes produced in the island of Cyprus, though excellent in quality, is stated not to be prepared in sufficient quantity to admit of its being exported.—*London Pharm. Journ.*

T H E

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ON THE NATURE AND TREATMENT OF EPILEPSY.

[THE following discussion on an important disease took place at a meeting of the Medical Society of London on the 10th of April. We copy it from the London Lancet.]

Dr. Radcliffe then read a paper on this subject. He first drew attention to the *temperament* of epileptics, and showed that this was distinguished by unequivocal marks of weakness and depression; signs of scrofula or some other cachectic disposition, of depressed and feeble circulation, of defective nervous activity, of muscular feebleness, might always be detected, but never the signs of true plethora or of hyperactivity in the nervous or any other system. When epilepsy had shown itself in persons distinguished by their genius and talent, it was in the state of exhaustion induced by the exercise of that genius and talent; when it was associated with insanity, the convulsive disorder coincided with the intervals of depression, and never with the periods of quasi-excitement. After describing the phenomena of epilepsy, he proceeded to point out the continuance of the same signs of depression and exhaustion, and to show that the change which had taken place was always one of aggravated depression and exhaustion. This he did by a special examination of the condition of the vascular and nervous systems. Immediately before and after the fit, the pulse was shown to be weak and collapsed, and often irregular and slow, and in the fit itself little or no blood was found to be propelled into the vessels. This condition of the circulating system entailed a corresponding failure in the activity of the several nervous centres. He argued also that the brain was inactive, because the epileptic was silent, sad, moody, and generally still, before his seizure; completely bereft of sensibility, consciousness, and volition in his seizure; and stupid, confused and exhausted afterwards. He argued also from the true appearances found after death. He noticed the views of Dr. Davey and Dr. Henry Monro in connection with insanity, as corroborating this conclusion. He advanced arguments to show that the medulla oblongata, spinal cord, and the smaller ganglionic centres, were in a corresponding state of inactivity. Dr. Radcliffe then insisted upon the absence of any local disorder as a cause of epilepsy, and said that the only way in which any such disorder had to do with the matter,



was in aggravating the general debility and prostration of the system. Under this head he went on to notice the views of Dr. Marshall Hall. He contended that in epilepsy there was no proof whatever of any increased irritation in the spinal cord, any more than in the medulla oblongata and brain, but that there were abundance of proofs of a directly opposite condition. He doubted that trachelismus and laryngismus, with the consequent cranial and cervical engorgement, had any necessary connection with epilepsy. He did this because there were distinct contractions in the limbs and elsewhere, before the occurrence of the spasmodic tightening of the muscles of the neck and larynx, and because the fit ceases when the congestion was at its height—so that he conceived Dr. Hall's theory had two insuperable difficulties to contend with, the one that the fit had actually begun before it ought (that is to say, before the congestion had showed itself), the other that it ceased when it ought to have been most violent (that is, when the congestion was at its height). He (Dr. Radcliffe) argued, also, against the hypothesis of trachelismus and laryngismus, from its non-applicability to very many cases of epilepsy, in which cases, and in many other convulsive disorders, no such phenomena could be detected. He said further that this hypothesis did not account for the insensibility of epilepsy, for, in his opinion, this insensibility (which was much more frequently of the nature of syncope than coma) was, as a general rule, due to a syncopal condition of the circulation rather than to any venous congestion in the vessels of the brain produced by the spasmodic tightening of the muscles of the neck. The mere violence of the muscular contractions or convulsions in epilepsy, Dr. Radcliffe said, was no objection to the existence of the most positive prostration and depression; on the contrary, this very phenomenon was the best proof of the existence of that state. Muscular contraction, physiologically as well as pathologically, was always (he asserted) the sign of some withdrawal of the nervous and other stimuli which appertain to the muscles, and never the result of the communication or importation of these stimuli; and for the confirmation of this opinion he referred to his published views on muscular physiology and pathology, and to the facts which had just been stated in connection with epilepsy. Upon the treatment, he argued at some length against low diet, and in favor of the most nutritious food, with stimulant and corroborative drinks, and against over-exercise and in favor of *rest*. Citing many other arguments, he conceived that the non-existence of vascular or nervous excitement, and the existence of a directly opposite condition, was itself an insuperable objection to bleeding and purging in this malady, and an argument for the necessity of stimulants and tonics, and all means which could corroborate the system. Narcotics, counter-irritants and emetics were condemned. The convulsion-exciting properties of strychnia were stated to be argument against rather than in favor of that drug. He objected, also, to tracheotomy in the cure of epilepsy, on the ground that there were many cases of that malady in which the larynx was not sensibly affected, and in which the impediment to the respiration was rather owing to irregular action or spasmodic fixation in the thoracic muscles and diaphragm, than to mere closure of the larynx.

Dr. Davey concurred in the views advanced by Dr. Radcliffe, and mentioned that in the Asylum at Colney Hatch, epileptics, who were usually admitted in a low state of vitality, were best treated by tonics and a judicious and discriminating diet. He related several cases to show that this treatment had been attended with the best results. In some cases wine and porter were added to nutritious diet. He expressed his belief that in the treatment of all nervous disorders practitioners had gone too far generally on the antiphlogistic system, by which he was sure many cases had been rendered incurable. Kind treatment, the avoidance of mechanical restraint, added to proper diet and regimen, had been found the best improvers of the mind and health, of the great majority of those who came under his care at the Colney Hatch Asylum.

Mr. Richardson agreed with the author of the paper, that the attempt to localize the seat of epilepsy, especially in the brain, had been a failure; and mentioned a number of cases in proof. He differed with Dr. Radcliffe as to depression generally producing the epileptic seizure, and mentioned a case in particular where the fit came on during exertion, which had not been carried to fatigue. He differed also in thinking that epilepsy in talented persons usually came on after the brain had begun to fail in power. With respect to remedies, he thought, as a rule, that spirituous liquors did harm, and porter sometimes brought the epilepsy on. He eulogized the employment of tartar-emetic and valerian, and the use of issues and counter-irritants. Small bloodlettings were also sometimes admissible.

Dr. Dendy thought Dr. Radcliffe's treatment opposed to his theory. He (Dr. Dendy) suggested a combination of remedies as useful in some cases; such as the abstraction of blood to remove congestion, which might exist locally, as in cholera, even in otherwise healthy states of the system, and then to give tonics and support immediately. He thought that in all cases of epilepsy some lesion of the nervous system must exist. He complained that hallucinations, insanity, and other subjects had been mixed up in the discussion with epilepsy.

Dr. Webster agreed with the author in considering epilepsy as generally a disease of exhaustion, and that most frequently it affected persons of debilitated, broken-down constitutions. The complaint was also more apt to occur in parties endued with a scrofulous diathesis, especially if their parents had also suffered from the same affection. Indeed, hereditary tendency exerted considerable influence, and he considered epilepsy very liable to be transmitted to offspring, like some other maladies of that character. According to his (Dr. Webster's) experience, it was more frequent amongst the lower than the upper ranks, both in this country and in France; whilst he would further say, it oftener attacked males compared with females. This was certainly the case in many French asylums which he had recently inspected, where male epileptics predominated considerably. Respecting the causes often producing epilepsy, he considered terror as one of the most powerful; of which a very striking example some time ago came under his observation. It was that of a young woman, who was frightened by a fellow-servant disguised as a ghost, with a light in his hand, when he suddenly appeared

before her at the end of a dark passage. She became so alarmed as to fall down in a fit of epilepsy, which afterwards frequently returned ; and in one of these violent seizures Dr. Webster attended the patient. This disorder he considered almost incurable during the latter periods of life, or even in adults, especially when complicated with insanity. Instances of recovery might be occasionally reported, but they were so rare as to render the prognosis always unfavorable. In early age, or before puberty, the prospect of recovery was much greater, and he might refer to several cases proving this inference, but it seemed unnecessary, as the fact must be well known to practitioners. Dr. Radcliffe's observations relative to the treatment of this often terrible disease, coincided very much with the principles he (Dr. Webster) would recommend. Respecting bleeding there could not prevail two opinions, and to use the lancet was most objectionable. Even the topical abstraction of blood in young plethoric subjects required great caution, and then only to relieve local congestion. With the author Dr. Webster also entirely agreed regarding the use of purgatives, although he would not employ drastic cathartics, as similar remedies occasioned too much debility. Allusion having been made to various mineral preparations at one time enjoying considerable reputation in epilepsy, but now seldom reputed efficacious, he (Dr. Webster) must mention one recently employed by a friend of his own—viz., Dr. Fornasari, physician to the Fains Lunatic Asylum in France, which he had visited last autumn. The remedy was valerianate of zinc, given in doses from half a grain to one, night and morning, which might be increased to three grains per day. Occasional purgatives were also prescribed, and frequent baths, the diet being also carefully regulated. Dr. Fornasari spoke favorably of the benefits it produced ; and several cases then in the Asylum had derived so much relief, that fits, which at first recurred every three, six, or eight days, had not supervened for more than three months. Supported by the above authority in favor of the valerianate of zinc, Dr. Webster administered it lately to a patient laboring under epilepsy, and apparently with such advantage as would induce him to recommend employing the same mineral in other examples. Although nutritious diet and generous regimen were often essential for epileptic patients, he thought indigestible food frequently acted in an injurious manner. Indeed, a full meal of improper substances often proved the exciting cause ; and he could quote one case which came under his observation, where a person having eaten freely of fried bacon and eggs at supper, was seized with so severe a fit, about 3 o'clock next morning, that death followed in consequence. Notwithstanding wine and malt liquors, even in large quantities, had been recommended by several fellows, such stimulating beverages might be taken too freely ; and he must remark, unless under special circumstances, much porter or ale was by no means so useful as wine diluted with water, where stimulants were really required. Great caution, therefore, became necessary when adopting that kind of treatment. Before sitting down, Dr. Webster observed, although he coincided with Mr. Richardson in opinion that many lesions of the brain and nervous system did not produce epileptic seizures, still these affections generally



depended upon or indicated organic changes of structure within the cranium ; at least his individual experience fully warranted such conclusions respecting the pathology of epilepsy.

Dr. Radcliffe, in answer, said, that the very extended experience of Dr. Davey as to the necessity of good diet with wine and beer in epilepsy, was a strong argument in favor of the view he had advocated. He said any one would be sensible of the advantages of such a course, who, remembering the appearance of epileptics in our own or in foreign hospitals a few years ago, now paid a visit to Colney Hatch or Hanwell. He would at least learn that good food and wine and beer did no harm. In answer to Mr. Richardson's objection that the epileptic was not always depressed before the fit, he called up Mr. Richardson's own admission that he had not watched that point particularly. To another objection from the same gentleman, that Mahomet was epileptic during the most vigorous period of his life, he answered that Mahomet saw visions in his fits, and that on that account those fits could not be epileptic, inasmuch as the consciousness is suspended in epilepsy. He thought it better to reason from recent cases, the particulars of which were better known, and from the general history of the disease ; which being done, he (Dr. Radcliffe) thought Mr. Richardson would be obliged to admit that the system of the epileptic was always marked by prostration, and most of all so marked in the fit itself. In reply to Mr. Dendy's defence of bleeding, he thought the utter absence of plethoric excitement and of nervous hyper-activity, and the presence of signs directly opposite to these in their nature, together with the absence of any ill effect from the generous treatment pursued at Colney Hatch and elsewhere, were insuperable objections to bleeding in any form. If Mr. Dendy took exceptions to Dr. Davey's arguments for a good diet and wine and beer from his experience and particular views of the nature of insanity, he must object to the necessity of bleeding in epilepsy being deduced from what Mr. Dendy had seen in cholera. Nor could he admit the soundness of the practice of combining remedies of opposite qualities, as local bleeding with tonics, which practice, in his opinion, was the relic of the ancient practice of jumbling all manner of remedies together, in the benevolent hope that one or the other of them might chance to do good.

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#### THE LIVER AND ITS DISEASES.

BY W. B. HERRICK, M.D., CHICAGO, ILLINOIS.

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" The jaundiced thus, see all things round them clad  
In yellow ; every object as it flows  
Meeting new tides of yellow, from their forms  
Thrown forth incessant ; and the lurid eye,  
Deep, too, imbued with its contagious hue,  
Painting each image that its orb assails."

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THE above quotation from Lucretius, descriptive of a class of persons whose defective visual organs "see all things round them clad in yel-

low," cannot fail to remind the reader of certain practitioners, the patients of whom are always *bilious*.

With them constipation or diarrhœa, dry skin or profuse perspiration, want of sensibility or extreme irritability, alike indicate that their patients are bilious, and require, therefore, in their treatment, blue pill, calomel, or some other mercurial.

This class of physicians, who thus make diseases so unlike in character and symptoms dependent upon the same cause, and, as a consequence, adopt the routine practice above indicated, must be deficient in judgment and mental capacity ; or, what is worse, too indolent to obtain and appropriate to their use the facts and information acquired by others, by which their mental vision might be extended, so as to embrace more than a single class of diseases, and one mode of treatment.

In order to show that we are fully justified in making these strictures upon this class of practitioners, we will state briefly what is now known of the structure and functions of that organ, upon the abnormal condition of which these so-called bilious affections are supposed to be dependent.

The *liver*, as is well known, is a glandular organ, constituted of cells, excretory ducts, and bloodvessels. The cells are supplied by the vena portarum with the imperfectly elaborated and impure venous blood, directly from the absorbing mucous surfaces of the stomach and intestines ; whilst the ducts, on the other hand, are surrounded by the terminal branches of the hepatic artery, containing pure blood from the great arterial current.

From recent physiological investigations, it appears highly probable that the hepatic cells abstract from the impure blood in the portal vein the starch and, perhaps, some other carbonaceous substances derived from food, and change them either into the fatty constituents of bile, or into sugar, to be reabsorbed by the hepatic veins.

That this change from starch granules to fat globules does in reality take place in the hepatic cells of the higher order of animals, is rendered almost certain by the observations made by Liedy upon the follicular liver of the crustacea.

"When," says he, "a cæcum is viewed beneath the microscope, its lower half appears filled with a finely granular matter, and the anterior half with a mass of fat cells." That some of the carbonaceous substances contained in the blood are changed into sugar, during its passage through the liver, is made evident by the recent very conclusive and highly philosophical investigations of M. Bernard.

"He examined," says Donaldson, "the contents of all the principal venous trunks : the vena porta, the inferior and superior cava, the jugular, &c., and, singular to say, he could nowhere detect its presence (sugar), but in the hepatic veins, and in the ascending cava, and thence to the right auricle. There being no trace of it in the blood flowing into the liver, nor yet in the pulmonary veins, was not our experimenter justified in coming to the conclusion that it was fabricated in the liver and destroyed in the lungs?"

According to Liebig, the saccharine constituents of blood are, by two

successive stages of oxydation, converted primarily into lactic acid, and finally into carbonic acid and water. Hence it would appear that sugar, whether absorbed directly as such, or formed in the liver, in the manner above indicated, supplies by its combustion the amount of animal heat required over and above that which would necessarily result from other and more important chemico-vital changes.

In view of these facts, it is rendered highly probable, if not absolutely certain, that the office of the hepatic cells is to take up the starchy materials, contained in the portal blood, and convert them either into fat or sugar, according as they are required or not to subserve the immediate purposes of respiration—into sugar when, from a deficiency of lactic acid and other organic compounds readily convertible into carbonic acid and water, there is a deficiency; and into fat, when an excess of these substances affords already an abundant supply of respiratory food.

The sugar thus formed is taken up by the hepatic veins, and passes immediately into the circulation, there to be changed by oxydation; first into lactic or some other organic acid, and finally into carbonic acid and water.

The fat, on the other hand, passes into the terminal branches of the hepatic ducts, where it finds, in the capillary net-work derived from the hepatic arteries by which they are surrounded, an abundant supply of arterial blood. This, doubtless, furnishes both the oxygen and the alkali, by which the fatty matter is rendered soluble, and made to pass readily and easily through the small hepatic ducts as a fatty acid combined with soda, in the form of bile.

These views of the physiological action of the liver are fully sustained by numerous facts, physiological, pathological, and chemical, which, however, cannot be presented in the short space allotted to this article; it being our object at this time, not to sustain our own peculiar physiological views, but to make such practical suggestions as may serve to direct the attention of our readers to the subject, and to show them the absurdity of the present indiscriminate mode of practice, adopted by many, in the so-called bilious affections, supposed to be dependent always upon some morbid condition or action of this much-abused organ.

From what has been said, it is evident that in warm latitudes, and in summer, when there is less oxygen, and, consequently, more lactic and other organic acids in the blood, the liver must change a larger proportion of the starchy constituents of food into fat. If the amount of oxygen and free soda in the blood is sufficient to combine with this fat, and render it soluble, it passes readily out of the liver into the intestines, in the form of bile, and is re-absorbed by the lacteals, like other fatty matter, and no indications of disease appear; or if in great excess, it passes off in the form of profuse bilious discharges, so common in the summer, especially in the South and West. A still greater deficiency of oxygen, and consequent accumulation of organic acids in the blood, to combine with its alkaline constituents, would diminish proportionally the amount of free soda, and thus prevent it from entering into the constitution of bile to a sufficient extent to make it perfectly soluble, and to neutralize its fatty acids, and thus give rise to acrid and vitiated bilious



discharges, or to congestion, torpidity, and enlargement of the liver, from an accumulation of imperfectly-dissolved fatty matter in the hepatic ducts.

Admitting the correctness of the above views, it is evident that the proper treatment for the whole class of liver affections, above enumerated, would be the administration of alkalies, especially those which are among the natural constituents of blood, such as potash and soda.

Two years' experience in the use of potash and soda, in some of their forms, as remedies in the above-named class of diseases, has convinced the writer that one or both may be used with confidence as substitutes for calomel, in the treatment of such cases.

That the class of remedies under consideration was formerly used much more extensively than at present in liver affections, is evident from the following quotation from Good's Study of Medicine, published in 1829, in which, after discussing the merits of the dandelion as a remedy for jaundice, the author remarks that "soap and alkalies seem to have much better pretensions to favor, and have been still more widely employed in this disease, and pretty generally regarded as general, and hence hepatic solvents."—*North-Western Med. and Surg. Jour.*

#### TO INVALID TRAVELLERS IN PURSUIT OF HEALTH.

BY STEPHEN W. WILLIAMS, M.D., DEERFIELD, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

IN the spring and beginning of the summer of 1851, I made an excursion to the Valley of the Mississippi by the way of western New York, Ohio, Michigan, Illinois, and Wisconsin. I returned by Michilimackinac (commonly called Mackinaw) and the Upper Lakes. I made many inquiries and observations in the States and territories, through which I passed, in relation to the salubrity and health of particular locations, and herewith transmit some of my remarks, together with those of others amply qualified to judge upon the subject. They may be of some service to the travelling invalid whose chronic complaints may induce him for awhile to leave his home and his employments, in pursuit of the greatest blessing man receives from bounteous heaven—health. I should have published these remarks immediately upon my return last summer, but the season was so far advanced that but few would avail themselves that year of the advantages here pointed out. As the season is now approaching, if it has not already arrived, when such persons are about commencing their summer excursions, this may be the appropriate time to publish them.

I do not wish to turn the attention of the invalid from the celebrated springs of Saratoga. No one has a higher opinion of them, in many chronic complaints, than I have, and I annually advise many of my patients to visit them. They may readily be visited by the route which I propose to point out. To the South I have great objections on account of the debilitating effect of the climate, especially in the summer.

To give some account of my excursion. I left Deerfield in company with my wife, on the 5th of May, 1851, which is too early for the invalid, and proceeded directly to Albany, through the pleasant towns of Northampton, Holyoke, Springfield, Westfield and Pittsfield; thence through those thriving cities and towns, Schenectady, Utica, Syracuse, Auburn, Geneva, Canandaigua, Rochester and Buffalo. These are too well known to the reader to need any description from my pen. I will here premise that no traveller should ever pass by that greatest natural curiosity in the wide world, the Falls of Niagara. Without going much out of his way, he can take the cars at Lockport and reach that celebrated cataract in little more than an hour. I had previously visited the Falls, and my time would not now allow of my visiting them again. At Buffalo I went on board the *May Flower*, a floating gilded palace, commanded by one of the most gentlemanly officers with whom I have ever been acquainted, Capt. Van Allen, bound for Detroit, by the way of the Canada or western shore of Lake Erie. We breakfasted and dined on board the boat, upon as great dainties as may be found in the Astor House in New York, or the Tremont or Revere at Boston. At Detroit we took the cars on the Michigan Central Railroad for Chicago, which then ran as far as New Buffalo, where we took a steamboat across the south end of Lake Michigan, thirty-five miles to Chicago. The cars now run from New Buffalo to the latter place. Chicago now contains near forty thousand inhabitants, and is as beautifully built as any inland town in the United States, and some of the hotels there are said to be equal to any in New York or Philadelphia. Twenty years ago Chicago was a swamp and a quagmire. Here was the location of old Fort Dearborn, for a reminiscence of which see Colton's *Illinois and the West*. Near Chicago commence the prairies which so extensively abound in the State of Illinois, and which emphatically give it, and some other of the western States, the name of "prairie land." Chicago lies upon the very border of Grand Prairie, which extends perhaps one hundred miles to the west. From Chicago to Rockford, one hundred miles to the north-west, and even further, it is one continued prairie. This is the first one I ever saw, and I was astonished at the extent of it. For many miles from Rockford, on the Rock river, in Winnebago county, the prairie is very level, as far as the eye can reach, and no one who has never seen one of them can conceive of its beauty or fertility. On the borders of the prairies, many miles apart, are extensive oak openings, or orchards, sometimes erroneously called barrens. These openings are unsurpassed in beauty. There is no underbrush among them, and you can ride among the trees, even in a carriage, as pleasantly as upon the best of roads. The oaks are principally the burr oaks, the limbs of which are very ragged, and they look very homely until the foliage is out, when the tree is truly beautiful. There are some other trees on the prairies, such as the white oak, the black oak, the elm and maple. Hazel bushes are abundant. The prairies are interspersed with several beautiful towns; and here the chronic invalid, and especially the dyspeptic, if his complaint is not too far advanced, and if he has a love for the beautiful in nature, can revel and luxuriate in the grandeur and love-

liness of the place. And what can be more exhilarating to the mind and body? Suffer me to give some account of the prairies from an accurate sketch of Illinois and the West, by A. D. Jones.

“And what shall I say of the prairies—those immense sea fields, clothed with their heavy robe of green, and dotted and slashed with gold and azure, vermilion and orange, reflected from flowers of every size and shape, bewildering the traveller with their intense beauty, their rich and endless variety? The prairies are of two kinds, and are distinguished as rolling or flat. The rolling prairies are gently and irregularly undulating, having swells of from twenty to sixty feet high, and all lengths and breadths; between which are sloughs, called in the dialect of the place, ‘*sloos*.’ There is something like being out at sea in the sensation one feels in the middle of these vast prairies. Not a tree or a shrub disturbs the unbroken waste of green. Grass, grass, grass, on every hand, interspersed with flowers and tall weeds. The idea entertained at the East that these prairies are an unbroken level, is a mistaken one. Were it so, they would necessarily become lakes or impassable swamps. They are completely broken up into hill and dale—on a miniature scale, it is true, but nevertheless of sufficient altitude and depression to give a great variety to travelling, and sometimes to form tedious and even dangerous ascents and descents in the road. Between all these ridges water may be found, and generally running streams, though obscured by the rank growth of grass. These sloughs are generally muddy, and in wet seasons exceedingly bad in crossing, as but very few, except those which are impassable, are bridged. They seem, however, to form an agreeable variety to the traveller, and a comfortable retreat from the fierce blasts of winter, to the wild beasts that range these boundless fields. Besides which, they afford constant water to the herds which graze there, and springs near which the benighted traveller may encamp with comfort and safety. The grass in these ravines grows to a great height. It is coarse and unfit for feeding. While the traveller is passing through them he can see but little farther than the sailor in the ‘trough of the sea,’ and the situation is not entirely dissimilar; but when he reaches the height of the mound above him, his vision is unlimited save by the horizon.

“*Health, Diseases, &c.*—With regard to the health of Illinois, I am on the whole inclined to believe that a more salubrious climate does not exist in the United States. On the river bottoms and in the wet places, particularly in the lower latitudes, it cannot be denied there is much unhealthiness; but in the higher and drier regions, I do believe there is far less disease and death than in any spot in New England. And besides, in the most sickly parts the diseases are fewer in number, and yield to proper treatment with more certainty, than at the East. And, still more, nine tenths of the diseases are induced by careless exposure, which at the East would produce fatal results. Great care is here necessary to preserve the person from bilious attacks, and fever and ague, and the utmost promptitude in the application of medical means; but those means rarely fail to produce the happiest results if seasonably supplied. The most common type of disease is bilious lung fever.



Pleurisy, influenza, dysentery, consumption, and almost all chronic diseases, if, indeed, I except rheumatism, are rare here, unless they have been inherited or contracted at the East. In what I have here said, I have not trusted fully to my own judgment, but have consulted several skilful physicians on the spot, and men who would not be likely to deceive me in this respect; and I think any one at all acquainted with the subject will find my statements conformable to the observations of experience.

“*Water*.—One of the greatest bugbears of this place, and one which is always brought up in conjunction with Illinois, is its water. I know not how many stories I heard of the deleterious qualities and the disgusting properties of the water in Illinois. Indeed, I had made up my mind to undergo a severe privation in this respect, being a great water drinker, and indulging in scarcely any other beverage. I expected to taste of nothing during my sojourn here, but a muddy, brackish, nauseating mixture of iron, lime, coal, slime, and the quintessence of vegetable decomposition. Whereas, the truth is, I have not put a drop of disagreeable water to my lips since I entered the State. The most crystal waters of the Green Mountains do not exceed the limpid, clear, cool, delicious waters of Illinois. The country in all its broken portions abounds with springs in quality and quantity not to be surpassed in the world; and in the middle of the largest prairies the same delicious beverage, cold almost as ice, may be obtained by making a well a few feet beneath the surface. It is true that *all* the waters of the West are strongly impregnated with *lime*, which renders them somewhat hard; but one soon becomes so accustomed to it as not to notice it. It is also not to be denied that it acts medicinally on the emigrant. But this is far more salutary than injurious, if it be not too freely indulged, and it soon ceases to exert any undue influence on the system. I did not hesitate to indulge freely in its use, after the first fortnight, and I have never experienced the slightest inconvenience therefrom. Indeed, I do not believe so large a tract in New England, or the Middle States, can be found, in the same extent with Illinois, which produces so much pure water and so easily obtained.”

From Chicago I continued my journey across the Fox river to the Rock river country, the El Dorado of America, and stopped at Winnebago County, where I have a son, Dr. Edward Jenner Williams, engaged in the practice of medicine. I tarried there, and in the surrounding country, about five weeks, which gave me a good opportunity to become acquainted with the country and its inhabitants. The railroad now traverses this section of country, from Chicago to Galena on the Mississippi, which renders it easily accessible, and brings it within four days' travel from Boston. The beautiful towns, on or near this route, of Elgin, Belvidere, Cherry Valley, Rockford, Rockton and Beloit, offer quiet and beautiful retreats, where, at the public hotels, one may indulge in all the comforts and even luxuries of the East. Rockford already contains about three thousand inhabitants, and it is expected that in a short time it will contain ten thousand, as steam navigation on the Rock river terminates here, and two railroads are to pass directly through the

village. A more delightful place of resort cannot be offered to the invalid, in the midst of one of the most beautiful prairies of the west. The sportsman can here gratify himself to his heart's content with the amusement of hunting and fishing. Maskelunge and other delicious fish are often caught in the Rock river (which runs directly through this village), weighing twenty-five pounds each. Deer are often killed here, and prairie hens are always found in prolific abundance. Other game is not scarce. Beloit, sixteen miles north of Rockford, just across the line of Illinois and Wisconsin, is a village built in the style of a city, and about as large as Northampton, and quite as pleasant. It has, of late, become a place of literary resort for strangers of distinction, as well as for the inhabitants of the neighborhood. Already a college has been erected, which is in a flourishing condition, and at which all the branches are taught which are attended to in our New England colleges. It has received a munificent donation of ten thousand dollars from the Hon. Thomas W. Williams, of New London, in Connecticut, and of twenty thousand dollars from Mrs. Brown, I believe of Newburyport, in this State. The building is three stories high, besides the basement and cupola, and stands on an eminence of about 50 or 60 feet above the streets of Beloit. Its site was selected by Mr. Williams, the donor, and is in the midst of ancient Indian tumuli or monuments. From the top of this cupola the prospect is most extensive, lovely and enchanting. With the best telescope I could not measure the extent of the prairie. It was only bounded in all directions by the horizon. Beloit will probably soon become the seat of a medical college, and a most admirable location it will prove. Strange as it may seem, it is but a few miles north of the geographical centre of the United States.

Eighteen miles north of Beloit lies Janesville, with a population of more than four thousand. It is one of the most lovely villages of the west. Forty miles north, in the midst of the prairie, lies Madison, the capital of Wisconsin. Railroads are laid out to all these beautiful villages from Milwaukie, and in the course of the coming season, they will probably pass them, on their way to Galena, on the Mississippi, from which they diverge in all directions throughout the State of Illinois, giving the invalid the greatest facilities for visiting that beautiful country. We took the stage from Janesville to Milwaukie, a distance of sixty miles, and found the country beautifully interspersed with prairie and woodland. Milwaukie, in Wisconsin, is a beautiful lake port, with an excellent harbor on Lake Michigan. In 1850 it contained 21,000 inhabitants, and is increasing as rapidly as any town at the west. Twenty years ago the foot of a white man had scarcely trod upon the banks of the lake at this place. Fifteen years ago, probably 1,000 civilized beings did not exist between the shores of Lake Michigan and the banks of the Mississippi. Now, it is supposed 1,500,000 white settlers inhabit that beautiful country, possessing a climate and soil unequalled in the United States, and perhaps in the world. In point of salubrity and health, none can surpass it. Less than four days travel by steam will enable even the invalid to reach it, with no more fatigue than if he was sitting in his parlor in the city of Boston. To what an

illimitable growth, in point of population, is this western country destined? The report of the Patent Office, for 1849, states that in that year the commerce of the Lakes amounted to one hundred and eighty-six millions of dollars.

I took the splendid steamboat *Hendrick Hudson*, in the evening, at *Milwaukie*, on my return by the way of *Mackinac* and the upper lakes. The boat was crowded with passengers from *Chicago*, *Southport* and *Racine*, fine ports on *Lake Michigan*, which crowding of passengers rendered the voyage less pleasant than it otherwise would have been. The passage, however, was one of unalloyed pleasure to me. Passed *Sheboygan* and *Green Bay* in the night. *Sheboygan* is rapidly growing in wealth, population and importance. *Green Bay* is the residence of the remnant of the *Stockbridge*, *Ms.*, tribe of *Indians*, who have recently removed here from *Oneida County, N. Y.* The *Rev. Eleazer Williams*, the *Indian half breed*, was formerly their minister. Between *Milwaukie* and *Mackinac* we pass the *Manitou Islands*, or the islands of the good and bad spirits of the *Indians*; also the sleeping or couchant bear, formed by a bluff of sand, resembling somewhat, in the distance, a slumbering bear. We likewise pass the *Fox islands*. At 9 o'clock in the evening we arrived at *Michilimackinac* (signifying the *Turtle*). The moon was then at her full, and the sky at that moment was cloudless. The setting sun, an hour before, exhibited the sky in the west in the most gorgeous and beautiful array. A few *cumulus* clouds were fringed in purple and gold, in the most beautiful costume I ever beheld. It was worth a sojourn there to see it. The white walls of the fort appeared in their utmost beauty in the charming light of the moon. The historical recollections of the place impressed my mind with deep and solemn reflections. I must refer the reader to that admirable and unsurpassed work by my friend *Mr. Parkman*, his history of the *Pontiac conspiracy*, for an account of the thrilling events which have taken place at this fortress in the *French*, *Colonial* and *American* histories of the sieges there. One other circumstance which renders the place famous, is its being the mart for *Mackinac trout* and delicious white fish, which are daily brought in here by the *Indians*, on their wagons or vehicles drawn by dogs.

It is to this place about, a day and a half's sail from *Detroit*, by *Lakes St. Clair* and *Huron*, that I wish particularly to direct the attention of the travelling invalid, as a summer retreat, or even a shorter sojourn, of great salubrity. Not depending on my own judgment alone, I am permitted by my esteemed friend, *Dr. Daniel Drake*, of *Cincinnati, Ohio*, one of the most industrious, elaborate and learned medical writers in the *United States*, to copy from his invaluable work upon the "*Principal Diseases of the Interior Valley of North America*," altogether the most learned and extensive work which has ever been published on the subject, and one which ought to be in the hands of every physician in our country, his chapter on "*Summer Voyages on the Upper Lakes, with a residence at Mackinac for Invalids*."

"The three great reservoirs of clear and cold water—*Lakes Huron, Michigan* and *Superior*, with the island of *Mackinac* in their hydrographical centre—offer a delightful hot-weather asylum to all invalids



who need an escape from crowded cities, paludal exhalations, sultry climates, and officious medication. Lake Erie lies too far south, and is bordered with too many swamps, to be included in the salutiferous group. The voyage from Buffalo, Cleveland or Sandusky on that Lake, and from Chicago or Milwaukee on Lake Michigan, may afford, should the water be agitated, all the benefits of sea-sickness, without its tedious prolongation. On reaching Mackinac an agreeable change of climate is at once experienced; and the bodily feeling is heightened by the emotions which the evidence and consciousness of having retreated upon an island, raise in the mind of one who has not before enjoyed the novelty of an insular life. To his jaded sensibilities all around him is fresh and refreshing; a feeling of security comes over him, and when from the rocky battlements of Fort Mackinac, he looks down upon the surrounding waters, they seem a moat of defence against the host of annoyances from which he had sought a refuge. Thus a curative state of mind begins to act upon his body from the moment of his landing, and if he be a person of intelligence and taste, this salutary mental excitement will not soon die away; for the historic associations, not less than the scenery of this island, are well fitted to maintain it.

"The first white men who dwelt on Mackinac and the surrounding coasts, were the French ecclesiastics and fur traders. In 1763, the whole passed with Canada to the jurisdiction of Great Britain; by whom, in 1796, it was surrendered to the United States. In 1812 it was conquered by that power, and restored at the close of the war. From the summit of the island the eye rests upon a number of spots consecrated to military history. But the natural scenery is still better fitted to make the invalid forget his ailments. Several agreeable and exciting boat voyages may be made to the neighboring coasts; from each of which a new aspect may be had; and the island itself, although but nine miles in circuit, affords opportunities for a great variety of rambling on foot. In these excursions he may ascend to the apex of the island, once the site of a fort. From this summit, elevated far above all that surrounds it, the panorama is such as would justify the epithet to Mackinac—queen of the isles. To the west are the indented shores of the upper peninsula of Michigan; to the north those of the lower, presenting in the interior a distant and smoky line of elevated table land; up the straits green islets may be seen peeping above the waters directly in front of the harbor. Round Island forms a beautiful fore-ground, while the larger *Bois Blanc*, with its light-house, stretches off to the east; and to the south are other islands at varying distances, which complete the archipelago.

"When the observer directs his eyes upon the water more than the land, and the day is fair, with moderate wind, he finds the surface as variable in its tints as if clothed in a robe of changeable silk. Green and blue are the governing hues, but they flow into each other with such facility and frequency, that while still contemplating a particular spot, it seems, as if by magic, transformed into another; but these mid-day beauties vanish before those of the setting sun, when the boundless horizon of lake and land seems girt around with a fiery zone of clouds, and the brilliant drapery of the skies paints itself upon the surface of the wa

Brief as they are beautiful, these evening glories, like spirits of the air, quickly pass away, and the gray mantle of night warns the beholder to depart for the village while he may yet make his way along a narrow and rocky path, beset with tufts of prickly juniper. Having refreshed himself for an hour he may stroll out upon the beach, and listen the serenade of the waters. Wave after wave will break at his feet, over the white pebbles, and return as limpid as it came. Up the straits he will see the evening star dancing on the ruffled surface, and the loose sails of the lagging schooner flapping in the fitful land-breeze; while the milky way—*Death's path* of the red man—will dimly appear in the waters before him. Behind, in the street, a lively group of Canadian French, of every shade of color between white and red, will gossip and shrug their shoulders; on one side, should the Indians, who still inhabit the shores of Lake Michigan, be on a visit to the island, he will hear the uproar of a lodge of drunken Chippewas, with the screams of women and children, and the cackling of frightened hens; on the other he will see the sober and listless Ottawa, sitting in silent vacancy of thought, on his upturned birch canoe, his wife within the tent, spreading cypress bark and flag mats upon the ground, as lodging for the night; while half a dozen children roll or play about the door, and as many half-starved dogs curl up among them. Surrounded by such scenes, the traveller begins to realize that he is a stranger; when suddenly a new phenomenon appears and fixes his conviction. Every object becomes more visible, and raising his eyes, he beholds the heavens illuminated with an aurora borealis, when he reads in fantastic characters of strange and eccentric light, that he is indeed a sojourner in a strange land.

"While the valetudinarian during the summer months makes the island of Mackinac his home, he may enjoy several interesting steam voyages. At any time he can descend to Detroit and Niagara; or passing through the straits of Mackinac, visit Chicago, Racine and Milwaukee on the western coast of Lake Michigan. Opportunities will likewise be presented to ascend the St. Mary to the *Sault*, where he will find much to interest him; and whence he may proceed in a fur-trading skiff, or a bark canoe, to Gros Cap, at the efflux of the river from Lake Superior. Finally, he may have it in his power to embark on that Lake, and visit the upper hills of the mineral region near its southern shore; the climate of which is represented as highly invigorating; while the novelty and wildness of the scenery will act with salutary influence on his imagination and feelings.

"Those who are prone to consumption, might, perhaps, experience some injury from the humidity of the lacustrine region; but to hypochondriacs, dyspeptics, chlorotics, and all who have their constitutions broken down by autumnal fever, it must, however, prove eminently restorative."

I have already written enough for one communication. Should the invalid prefer a shorter tour, in another paper I can show him, from Drake and others, other locations equally lovely and salubrious nearer home. The journey and voyage which I have described was one of almost unalloyed pleasure and enjoyment.

*Deerfield, Mass., May 27th, 1852.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JUNE 9, 1852.
 

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*Medical Practice in Louisiana.*—A repeal has been made by the Legislature, says an exchange, of the privileges heretofore enjoyed by the medical profession in collecting their fees. Formerly practitioners could not collect their dues if they did not belong to the regularly organized society. As we understand the new law, it is like the system in Massachusetts and some other States. The question is not to be asked whether the individual presenting a bill for professional services is a physician, surgeon or midwife, but, did he prescribe, and if so, the bill must be paid. There is no protection for learned, skilful practitioners. The cry of *No Monopoly* operates to the destruction of all associations which have had in view the respectability and educational preparation of those who take upon themselves the responsibilities of medical practitioners.

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*Artificial Feet.*—Some time since reference was made to the case of a young man who lost both feet by being crushed during the tornado, last summer, at West Cambridge, Mass. One leg was amputated above the knee, and the other below, by Dr. Townsend. Artificial legs and feet have been fitted to the stumps, at Palmer's establishment in Springfield. We saw the unfortunate sufferer walking about the other day, in Boston—and we are quite sure no person would have suspected his lower extremities were made of wood. The success attending this case is a triumph of art, and highly creditable to the ingenuity of the manufacturer. If he could put on artificial heads as well as feet, perhaps the State would be a gainer.

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*Amputation of the Lower Jaw.*—Dr. Carnochan's successful operation, in New York, very properly gives him that prominence as a surgeon which genius and skill will command in any country. His care in securing the tongue, and the restoration of its function, although detached and the whole bony structure of the lower jaw removed, is particularly remarkable and instructive.

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*Reminiscences of Smallpox.*—On a plan of Boston, executed in 1722, a memorandum is introduced in one corner, as follows: "Gen. smallpox, first, 1640; second, 1660; third, 1677; fourth, 1680 and 1690; fifth, 1702; sixth, 1721." Instead of coming occasionally, as in the olden time, it is now always existing; and the most singular circumstance in connection with it, is the fact that we have a sovereign preventive. Till people can be divested of their prejudice, smallpox will continue a fixture in all our commercial cities. There is invariably some one who does not believe in the efficacy of vaccination, or entertains an opinion that something quite as bad as smallpox is introduced with the virus, and thus there are always susceptible subjects left unprotected to keep the scourge alive. One of the annoyances which a physician is obliged to endure, and which sometimes actually interferes with his practice, is the nourished whim



among quite intelligent persons, in regard to the imagined derivation of any kind of eruption or tumefaction, from vaccination. They refer any and every boil, pimple, blotch, imposthume and ulceration, to that harmless act, if it happens to be developed subsequent to kinepock inoculation. All these things prevent that universal diffusion of the blessings of a discovery, the most reliable and extraordinary of any in the history of civilization.

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*Poison Taker.*—From the Phrenological Journal, the following extraordinary extract has been taken. We were in Prague less than a year ago, and never heard a word about the man whose name is associated with the daring feats chronicled in this paragraph:—

"The death of Dr. Ellenberger, a naturalist of Prague, has been recently announced. This gentleman was a sort of modern Mithridates, and had, for many years previous to his death, been in the constant habit of swallowing the most deadly poisons, and of neutralizing their effects by immediately taking the antidotes. Some years ago, M. Orfila, who was travelling in Germany, paid a visit to the Museum of Natural History at Prague; Dr. Ellenberger was presented to him, and commenced immediately to give the eminent chemist a running account of his experiments with the antidotes of the vegetable alkalies, and especially with that of strychnine and morphine, and offered to make M. Orfila an eye-witness of his success. He sent to a neighboring apothecary's for fifteen decigrammes (23 grains Troy!) of acetate of morphine, and M. Orfila having declared it to be perfectly pure, he rolled it into a bullet and swallowed it. Thirty seconds after, he took an equal quantity of a white powder which he carried in his pocket. No effect whatever followed this double dose. The Doctor stated that he had already done the same thing times without number, upon himself, upon animals, and even upon plants, which he washed first with a liquid strongly impregnated with a poison, and afterwards with the antidote. He had even made experiments with strychnine, and always with success. His death was caused by the accidental use of the wrong counter-poison, after having swallowed a heavy dose of some violently active agent."

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*Cholera.*—Deaths are of frequent occurrence by this once much-dreaded disease, but the people have become accustomed to its terrors, and hear of a sweeping mortality by its unrelaxing grasp, with a degree of composure that could only result from familiarity with its character. It is quite certain that several sections at the west and south are doomed the present season to a repetition of former scenes of devastation. Physicians have grown wiser than they were, and we therefore hear of no specifics of late. Medication has not accomplished anything in Asiatic cholera worth recording.

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*Deaf, Dumb and Insane.*—According to the recapitulatory table of the seventh census, just published, it appears that the number of deaf and dumb persons returned is 10,103; of whom 529 are inhabitants of Massachusetts. This is the proportion of one deaf and dumb person in the United States for every 2,302, and in Massachusetts one for every 1,878. The difference is probably attributable to the more complete enumeration of this class of persons in Massachusetts than in many other parts of the

Union. The number of blind persons is 9,702, or one for every 2,397. In Massachusetts 497, or one to every 2,000 inhabitants. The number of insane is 15,768, or one in 1,471. In Massachusetts, 1,647, or one in every 604. The number of idiots is 15,706, or one in 1,481. In Massachusetts 791, or one in 1,256.

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*Philadelphia College of Physicians.*—A report on the meteorology and epidemics of 1851, constitutes a large portion of the quarterly summary of this college for April. It is exceedingly minute, and in all respects must be acceptable to those who have a taste for such investigations. Dr. Ruschenburger has omitted nothing that was necessary to make the tabular statements complete. The other papers are less interesting than heretofore. It is not possible, however, to keep up an uninterrupted file of first class articles in any periodical. As a whole, we consider this publication to be among the most valuable in the country, on account of the originality of its matter. The members borrow nothing—all their thoughts are their own.

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*Philadelphia Medical and Surgical Journal.*—This is to be a bi-monthly—a neat, respectable sheet, with evidences enough in the first number to show that men of thought are the conductors. Why don't the editor place his name on the frontlet of the Journal? May the enterprise, drive, and the projector get something more substantial than praise in exchange for literary drudgery. The printer should spell correctly, hereafter, the name of the city in which he resides.

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*Wood's Practice of Medicine.*—Of course the profession is familiar with the writings of the professor of theory and practice in the University of Pennsylvania, and it will therefore be quite unnecessary to preface any observations on a new edition of his admirable treatise on the branch of medicine in which he is eminent, beyond announcing its properties. This work, a standard one in America, with a reputation as extensive as the English language, comprised in two very neat octavos of nearly 850 pages each, embraces the whole domain of physic. A third edition, just out, comprises the very latest improvements and suggestions, and is as complete as such researches can be, down to the day of publication. Dr. Wood is the only prominent author who has boldly acknowledged his indebtedness to the Journals, in his particular department. It is customary to refer to defunct authorities—to Cullen and the teachers of his age—instead of the progressive minds of our own times. Dr. Wood takes facts wherever he can find them, classifies them, and gives a character and dignity to each and every subject belonging to the field he cultivates. We have long been an admirer of Dr. Wood in all the relations he sustains in society, as a firm, consistent, learned man. The impress of his excellent qualities runs through his writings, and we see on every page of this voluminous chart of his industry the conscientious instructor, and a practitioner who contemplates life as a precious thing, not to be tampered with by the ignorant. Messrs. Lippincott, Grambo & Co., Philadelphia, have executed their contract with the medical public, satisfactorily—for two nobler volumes are rarely seen, so free from typographical errors or bibliographical defects. With the many improvements

and additions this third edition has had from Dr. Wood, it should call forth a far greater demand than it has yet had. Copies may be had in Boston, at Ticknor & Co.'s, Washington street.

"*God in Disease.*"—This is the title of a recently published duodecimo, to which is superadded—"Or the manifestations of Design in morbid phenomena," by James F. Duncan, M.D., of Dublin. Messrs. Lindsay & Blakiston have shown their good sense in presenting this modest, unpretending work to the reading public in this country. It is elevated in character, abounding in consolations to the afflicted, and well calculated to impress the reader with the merciful government of God. While one chapter dwells on the nature of the design which disease is intended to accomplish, another treats of it as affording evidence of design. Something after the manner of Paley, the author finds much that is beautiful, comforting and harmonizing in all our aches and pains, because they are in exact accordance with those laws the Creator has established, which eventuate in our greatest good, however unwilling we may be to credit it at the time. Of course, Dr. Duncan's musings are not rules of medical practice, yet they are guides to moral standing, purity and happiness. For those who are not distracted with business, but have half an hour a day for an arm-chair, this is the book to give direction to the thoughts and suggest considerations that may have a bearing upon the future destiny of the soul. Who dare say that physicians are inclined to infidelity when they take pleasure in the perusal of a production like this?

*New Publications on Medicine.*—After a long dearth, instead of gentle showers, new works have literally poured down the past week. It is quite gratifying to feel that the press is not paralyzed. Next week we shall give some account of several valuable books that are fresh from the bindery. Philadelphia is more prolific in scientific productions than all the other cities of the country together.

The papers make mention of a Canadian woman who has had sixteen children in fifteen years, and one of the number weighed 21 lbs. at birth.—Several shocking cases of hydrophobia have recently occurred at the west.—Four millions of men in China are said to be opium drunkards, of whom 400,000 die annually.

TO CORRESPONDENTS.—Dr. Ayer's Case of Inversion of the Uterus has been received, and will be inserted next week.

MARRIED.—Dr. Elisha W. Cross, of Bradford, Vt., to Mrs. M. E. Picket.—At Philadelphia, Dr. A. D. Henderson, to Miss M. V. Peaco.—Dr. B. R. Bridge, of Charlestown, Mass., to Miss S. M. Sherman.—Dr. Charles Page, U. S. Army, to Miss E. H. Carmichael.

DIED.—At Granville, Ohio, Wm. R. Richards, M.D., formerly of New London, Conn., 65.

*Deaths in Boston*—for the week ending Saturday noon, June 5, 53.—Males, 22—females, 36. Accidental, 3—apoplexy, 1—inflammation of bowels, 1—disease of brain, 4—consumption, 13—convulsions, 3—cancer, 1—dropsy of brain, 3—typhus fever, 2—scarlet fever, 1—infantile, 4—inflammation of lungs, 2—marasmus, 2—measles, 3—old age, 4—palsy, 2—pleurisy, 2—puerperal, 2—scrofula, 1—teething, 1—tumor, 1—unknown, 2.

Under 5 years, 19—between 5 and 20 years, 5—between 20 and 40 years, 19—between 40 and 60 years, 6—over 60 years, 9. Americans, 30; foreigners and children of foreigners, 23. The above includes 8 deaths at the City institutions.



*Sums paid by the French Government towards the Maintenance of Scientific Bodies.*—In the Budget of 1852, the Academy of Medicine is quoted at £1,117. The secretary receives upon this sum £160, the director of the vaccine establishment £80, the librarian £48, and £600 go to the members, who receive each three francs per sitting. The Institute—viz. 1, the Academy of Sciences; 2, of Inscriptions and Belles Lettres; 3, of Fine Arts; 4, of Moral and Political Sciences; and 5, the French Academy—costs £14,675. The secretary of the Academy of Sciences is paid £480; the other secretaries have only £240; and each academicien receives £60 a year for his attendance at the meetings. The Academy of Sciences is divided into eleven sections, one of which comprises Medicine and Surgery. The members for the first science, are MM. Magendie, Serres and Andral; for the latter MM. Roux, Velpeau and Lallemand. M. Civiale is a free academicien—viz. of an inferior degree. At the Museum of Natural History there are fifteen professors, who are paid each £200 a year; with several minor officers. Travelling naturalists are allowed £1,000 annually. The keeping of the Botanical Garden, the Zoological Collection, and the Museum of Natural History, costs £8,600. It will thus be seen that all these establishments are wholly supported by the State—besides the “College of France,” a sort of “Athenæum,” where twenty-eight professors are salaried by Government, to give gratuitous lectures on languages, sciences, &c. There is at this College, a Chair of Physiology, occupied by M. Magendie; the salary of the professors is £200 a year.—*London Lancet.*

*Galvanic Chains.*—We find in a Belgian medical journal the following curious case related by M. Henrotay, a military surgeon. It runs as follows:—Geerairts, 38 years of age, keeper of ordnance stores at the camp of Beverloo, in Belgium, was in the habit of wearing, on account of old rheumatic pains, a galvanic chain, which was fastened to his chest. Being, the last summer, close to a spot which was struck with lightning, he was suddenly seized with a fit of dyspnœa, which lasted full a quarter of an hour. As he was no worse for that attack, he soon forgot the circumstance, when on the 1st of May, 1851, whilst reading the paper in his room, the window of which was open, he was aroused by a violent clap of thunder. Immediately upon this, the man had vertigo, he staggered about, was obliged to hold by the furniture, and was all at once completely deprived of sight. He had at the time the galvanic chain around his neck. When seen by the surgeon, there was great anxiety in the patient's countenance, the eyes were open and almost motionless, the pupils dilated and hardly acting, &c. The man complained of severe headache and giddiness, the pulse was slow, feeble and compressible, and a bellows murmur was heard in the cardiac region. The patient was very thirsty, and there was nausea, anorexia, and slight pain on pressure in the epigastrium. Leeches were applied behind the ears, sinapisms to the legs, and low diet enforced. As there was no improvement two days after the accident, a large blister was put on the nape of the neck, some amelioration took place, and sight was quite restored on the sixth day.—*Id.*

The hospitality shown at Richmond, to the members of the American Medical Association, at their late meeting, is spoken of as fully equalling anything of the kind at former meetings.

## COMPLETE INVERSION OF THE UTERUS, AND SUCCESSFUL REDUCTION UNDER ETHER.

[Read before the Suffolk District Medical Society, by JAMES AYER, M.D., Boston.—Communicated for the Boston Medical and Surgical Journal.]

A FEW weeks since I was called to Mrs. C., No. 2 W. Place, about 2 o'clock in the morning; and before I could leave my house, a second messenger came to urge the greatest haste. On my arrival I found the labor pains strong, and the patient walking around the room, and at times leaning on a chair. Supposing there was no time to lose, I immediately had her placed in proper position on the bed; and, on examination, found the head presenting naturally, and pressing on the perineum. With a few strong pains delivery was effected in fifteen minutes. The feet, however, were delivered with difficulty on account of the tension of the umbilical cord. After its birth the child was supported, with its abdomen in close contact with the vulva. The cord was tied and divided. In five minutes after the division, uterine contractions came on, and the placenta and membranes were expelled. I am not aware that the slightest force was applied to the cord; as I usually wait a longer period before employing traction. Neither was the hand introduced within the uterus, before the expulsion of the placenta. The cord was not above eight inches in length. The placenta was of medium size. The waters had broken before my arrival. On the completion of delivery, the finger was passed within the uterus, and nothing abnormal was detected. The patient had been troubled with cough for a week or two previous to confinement; and it was noticed as particularly hard and dry at this period. Hemorrhage after delivery was moderate. The patient was raised from the bed, her clothes changed in part, then placed in bed and a broad swathe applied to the abdomen, over the hips. As I was about taking my leave, the patient complained of "a painful swelling in the privates." On examination I found a hard tumor, larger than a hen's egg, pressing on the perineum, and feeling like the internal surface of the uterus. Moderate pressure was employed, but the patient made such great complaint, the uterine contractions were so strong, and the resistance of the tumor so firm, I concluded to defer further attempts for the present. Prescribed syr. morphiæ, to allay pain and procure sleep; the hips to be elevated, and to have perfect rest.

The same morning, six hours from delivery, I found the swelling increased and protruding beyond the vulva; it was as large as the fist. On inspection it was found to be of a deep purple color, covered with mucous membrane, with moderate secretion, and tender to the touch. Taxis, though productive of great pain, was freely employed, but without success—and was repeated at each succeeding visit. In the intervals the patient was kept quiet on the back, with a pillow under the hips, and cloths saturated with iced water applied to the vulva.

Next morning, thirty hours from delivery, the protruding mass was larger than the double fist, dark colored, strangulated and very tender. I had been able, at every visit, to circumscribe the tumor, feel the neck distinctly, and pass the finger up between the neck and the os tincae, and thus pass it around the entire circumference. At this visit I could not circumscribe it, on account of its size, but could pass the point of the finger up as far as the cervix—but could press it no further. A hard ring or cord appeared to prevent any further progress. The whole body of the organ had evidently become inverted. The hæmorrhage on delivery had been moderate, but had constantly increased up to this time. The pulse, also, had been constantly increasing in frequency, and had taken on an inflammatory character; it now numbered 105 per minute. There was a white fur on the tongue, skin dry and hot, and considerable thirst. Some degree of tenderness over the bladder was noticed, and a swollen and tender condition of the labia pudendi. Since delivery, urine had been voided only once, and then pretty freely. An expectorant mixture had been prescribed, also *spt. æther nitras.* occasionally, and linseed tea as a common drink.

Here there was a train of symptoms presented far from agreeable. Reduction evidently was the only remedy; and thus far my efforts had proved abortive. Whilst reflecting on the probabilities of the case, and on the character of the obstacle, namely, the contraction of the os tincae operating as a sphincter on the neck of the uterus—it occurred to me that the difficulty of hernia was similar to this. If, then, thought I, the stricture of the abdominal rings can be so far relaxed by the exhibition of ether as to admit of the speedy restoration of the strangulated intestine, why might not the resistance in this case be overcome by the same agency? If the uterus could be once restored to its position, the application of cold and other adjuvants might retain it *in situ*, till sufficient contractions would come on to keep it permanently in its proper place.

Stepping out for an adviser, I accidentally met near the door Dr. Clark, of Iowa, temporarily residing in my neighborhood, and invited him in. He examined the patient, at my request, and fully coincided in the opinion that there was complete inversion. I mentioned the plan of treatment which had suggested itself to me. He admitted its reasonableness, and was kind enough to approve it. We knew of no precedent—but could see no risk in the trial. Indeed, it appeared to be the only method that offered any prospect of success. The case was urgent, and demanded an immediate remedy. Sulph. ether was employed, and the inhalation conducted by Dr. C. very gradually, whilst I grasped the fundus uteri and made gentle pressure. As the system became relaxed



the tumor gradually diminished. In thirty minutes the vulva became perfectly flabby, and the tumor soft and compressible. I made firmer pressure, and it was reduced to the size of a hen's egg. The finger could circumscribe it. It remained twenty to thirty minutes of this size—uncertain whether further ground could be gained—and then, to my great joy, disappeared *per saltum*, with the peculiar feel of a receding hernial tumor.

The next indication was to retain the restored organ *in situ*, till the contractions should come on. The uterus was kept up by the point of the finger until a large bag of pounded ice was provided, and placed against the vulva; the hips were elevated and the legs slightly flexed on the thighs. Perfect rest, and syr. morphiæ to quiet the cough, were ordered.

The patient was under the influence of ether one hour and a quarter, and nothing unpleasant occurred during the process. Three hours after, I found there had been considerable hæmorrhage and cough; no urine had been passed. On examination a tumor the size of an egg was found protruding in the upper strait; made no effort to restore it, but continued the ice. At 7 o'clock in the evening the tumor had entirely disappeared; hæmorrhage moderate, with some coagula—no urine passed—pulse 90 and soft, and moderate thirst.

The next morning, twenty-four hours after the operation, pulse 80 and soft, less thirst, slept several hours in the night, discharged a pint of urine, and felt very comfortable. The uterus had become firmly contracted, and in the proper place. The external organs were yet swollen. *Liquor plumbi subacet.*, 3ij. to four ounces of iced water was applied on a napkin to the swollen parts, and the ice bag omitted. Afterwards a pint of urine or more was passed every twenty-four hours. The patient convalesced, without further accident, steadily and rapidly; and on the twenty-third day from the confinement was able to sit up two hours during the day, and to take light broth. The babe, a fine girl, weighed about seven pounds at birth, and is now eight weeks old. The mother has attended to her usual duties for three weeks past, and says her health is as good as usual. She is of cachectic diathesis, and of lax muscular fibre; she is 23 years old.

The nursing, I would observe, was very imperfect, and increased the hazard of the case.

I have taken the liberty to give the history of the case, in detail, as it is the first that has occurred under my observation. So rare is the accident, fortunately, that I have been able to learn but little in regard to it from the experience of practitioners around me. Obstetrical authors either deal with the subject briefly, or pass it over in silence. Denman, Dewees, Burns, Mad. Boivin, Gooch and Ashwell discuss the subject at some length. In Braithwaite, Part XIII., a very interesting case of inversion and successful reduction, arising from a short cord six to eight inches long, is given by Robert Smith, of Aberdeen. Part XIV. of the same Journal contains interesting remarks on the same subject, by T. R. Mitchell, M.D., of spontaneous inversion without hæmorrhage—also a case cited by Dr. Lever.

After the history given of my case, it is unnecessary for me to add that the accident was attributed primarily to the shortness of the umbilical cord ; and secondly, the powerful labor pains and the general laxity of the patient's system were considered as auxiliaries.

*June 16, 1852.*

#### INTUSSUSCEPTION.

BY JOHN B. ORMSBY, M.D. CORINTH, VT.

[Communicated for the Boston Medical and Surgical Journal.]

MAY 6th.—I was called to the child of Mr. A. T., a female, aged ten months. I found her suffering from what I supposed to be prolapsus ani. A tumor protruded, of a smooth, red appearance, about four inches in length. I found no difficulty in returning it, but found that it originated much further within the sphincter, than I had been aware of. I pushed it up above the promontory of the sacrum, but it returned when the finger was withdrawn. The bowels were not distended, and I now found in the left iliac region a tumor which seemed movable, hard, and about the size of a goose egg. A cathartic of castor oil operated kindly. The tenesmus and distress could only be relieved by opiates. Her stomach soon became irritable. She became emaciated, and on the 22d day of May sank.

A post-mortem examination, twenty-four hours after death, revealed the following condition of the bowels. Two or three ounces of a dirty, fetid fluid was found in the cavity of the peritoneum. The peritoneum, below the umbilicus, was much injected, and covered with what appeared to be coagulable lymph. The tumor, before noticed, proved to be the entire colon invaginated. By taking hold of the ilium, I was enabled to draw it out nearly to its original length, when I found that it was the caput coli which had passed through the anus. There were two places in the track of the colon which appeared in a gangrenous state, being easily broken down.

Perhaps this case may not be new to the profession—though I was ignorant of the means of a correct diagnosis when the child was living, and I am still fearful that another similar case would find me unprepared to afford relief.

*June, 1852.*

#### THE HÆMATOKINETIC OR BLOOD-MOVING POWER OF INSPIRED AIR, PROVED BY FURTHER EXPERIMENTS ON THE CROCODILE.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

THE existence of a motive power of the blood, located in the lungs, and derived from respiration, was first announced to the world by Mrs. Emma Willard, of Troy. As has been the case in all great discoveries, the world will be slow to see and acknowledge its truth. The magni-

tude of the discovery, and the wonderful revolution it is destined to make in medicine, education, psychology, &c., will retard rather than accelerate its reception. When Mrs. Somerville made the second-hand discovery, that the more refrangible rays of light possess the property of rendering steel and iron magnetic, her essay was received and published in the Transactions of the Royal Medical Society with high commendations. Hence it must be the importance of Mrs. Willard's discovery, and the fact that it will ignore more books than were burnt in the Alexandrian Library, that stand in the way of its immediate acknowledgment, and not that it was made by a woman.

The motive power of the blood, traced by Mrs. Willard to respiration, and announced by her to be derived therefrom, is as yet without a name. As new ideas require new words, I have called this newly-discovered dynamic principle the *hæmatokinetic* or blood-moving power, generated by the presence of atmospheric air in the pneumo-trachial passages. Thus, the breath or air is hæmatokinetic in its nature, or a blood-impelling power when admitted into the respiratory organs. It was long after Mrs. Somerville traced to the violet ray the power of rendering her needles magnetic, before it was suspected that the tithonic rays, of which the violet ray is one, constituted a fourth imponderable. The electro-magnetic power is brought into daily use, but no satisfactory explanation has been given of its causes. If Mrs. Willard's explanation of the cause of the motive power, pointed out by her as generated in the lungs, and derived from respiration, be unsatisfactory or untenable, *that circumstance does not invalidate the existence of such a power, or subtract from the importance of the discovery.* Nothing is known of the cause of gravity. Yet by its discovery, Newton measured the heavens. As gravity is a law of matter, so is the hæmatokinetic power a law of life, a vital phenomenon, brought into play by respiration. That caloric is a hand-maid to it, is very evident; as that agent is evolved and is not inoperative; but that there is something besides, is most certain. Like gravity, electricity and chemical affinity, the motive power, whatever it be, which is generated in the lungs and associated with caloric, is one of those interagents by which the Creator acts upon created things. One after the other of these interagents have been discovered. Their discovery, in every instance, has added greatly to man's power, although we cannot explain a single one of them. And it is time thrown away to try to do so. Yet it is a great progress in science to ascertain that such powers or interagents exist, and to learn their laws, or the order of sequence established by nature, so as to lay hold of them and convert them to useful purposes.

In proof of the fact, that a hæmatokinetic power is generated in the lungs by respiration, sufficient of itself to propel the blood through the pulmonary veins to the heart, and from thence, with or without its help, through the arterial system, the following experiment is adduced:

May 6th, 1852.—A small crocodile, three and a half feet long, was pinioned to the pavement in the court of my office, Canal street, New Orleans, and its trachea tied. In two or three minutes it began to exhibit the phenomena of asphyxia. It was suggested, that instead of



letting it die, as in a former experiment, reported in the Boston Medical and Surgical Journal, we had better open its chest and expose the heart and lungs to view before life was extinguished. The animal was immediately put upon the table, and a dissection of its thorax and abdomen commenced. The celebrated Dr. Dowler, at my instance, officiated. The dissection had not proceeded far, before I called the attention of the gentlemen present to the fact, that it appeared to be nearly if not entirely dead. On looking at my watch, it was found that ten minutes had passed since the trachea had been tied. The heart was still beating, though all indications of life had nearly disappeared from the rest of the body. It soon, however, began to move and to flinch from the knife, and then suddenly, to the surprise of all, sprang off from the table and ran around and around as if it had not been hurt. It had been unbound during the asphyxia, except its mouth, which was still tied, as also the trachea. It was caught and replaced on the table. The vertebræ of the neck were broken through with a dull case-knife and a hammer—severing the spinal marrow and crushing two of the cervical vertebræ. The dorsal vertebræ were cut asunder by a rusty saw. The sciatic nerve of each lower limb was exposed and experimented on, down to the divisions in the foot. After these mutilations, the motions of the animal became much less vigorous, and finally almost ceased. The trachea was then untied and an attempt made to inflate the lungs, when the cause of its resuscitation was discovered. In opening the thorax the lungs had been pierced in two places. These rents let out the air almost as fast as it was blown in. They served no doubt to give vent to the poisonous carbonic acid retained in the lungs when the trachea was tied. When the lungs were cut into, the carbonic acid escaping had the same effect in restoring animation, as if it had been removed by artificial respiration. I tied one of the rents in the lungs with a string, and had them inflated, holding the other rent with the fingers and thumb. The inflating process immediately caused the heart to beat with increased force and frequency. The animal, which had previously become nearly motionless, after its spine had been so rudely severed in two places, dividing it into three parts as far as the nervous and osseous systems are concerned, recommenced its wonted motions under the inflating process; or, in other words, came to life a second time. Although its body, as just stated, had been split into three transverse divisions, separating the bones and nervous centres each from the other, yet sensation and motion, governed by a will, returned in all the divisions of the body at the same time; and all three acted simultaneously for a common end, when the middle or extremes of either division was pierced with a knife or burnt with fire. The inflation was suspended, and after waiting some time until motion had nearly ceased under the dissecting knife, it was again resumed, and again restored sensibility and motion to the dying animal; and then, when any part of it was irritated, all the divisions of the body acted simultaneously for the common object of removing the offending cause of pain.

The sciatic nerve of one limb was entirely cut away, yet that limb acted under the application of irritants to the limb itself or to other parts

of the body, in a similar manner as in health, from like causes, only less vigorously. To all appearances, that limb possessed the same motive powers, controlled by a will, as it did before the nerve was cut away and the spine divided—the force and activity being only diminished in degree. Finally, the crocodile, thus divided into three parts, was doubled upon itself, so as to leave a wide space between the edges of the divided vertebral column; yet all three divisions of the body would try to act together for the common end of brushing away the burning match of paper applied to any part of the skin. The hind foot, also, of the limb having the sciatic nerve destroyed, acted in concert with other parts in throwing off, by apparently intelligent and voluntary efforts, the burning match. While the latter experiments were being performed, Drs. Compton and Weatherly joined the dissecting party.

*Remarks.*—It is impossible to explain the phenomena witnessed in the above-mentioned vivisection on the principles now so popular and so universally admitted as the true principles of physiological science. The truth, that a radical error lies at the bottom of the entire system of physiological and metaphysical doctrines extant, cannot be evaded by saying that the crocodile is a cold-blooded animal, and that the observations made on it do not apply to man and other animals. Like man it has muscles and nerves; blood and a respiratory apparatus; digestive and secretory organs; a lymphatic and a sanguineous circulation. It has sensibility, consciousness, passions, and a certain degree of intelligence. It knows how to catch fish by making a kind of trap with its tail, and how to do many other things necessary to its sustenance and preservation; all requiring more or less intelligence. Like man it has two kinds of motion, voluntary and involuntary. It has, like him, the power to will and to regulate muscular motion in a determinate manner to effect a given object, and the will acts in obedience to an intelligent principle. What are called the vital or organic functions in man, and which are admitted to be independent of the mind or central forces, are respiration, circulation, digestion, inhalation, absorption, secretion, nutrition and calorification. All others, as the passions, the will, consciousness, sensation, intelligence of all kinds, and the power of directing muscular motion, both in man and animals, are gratuitously supposed to depend upon a central organ, or to some influence communicated to or from it by nerves acting as conductors or agents. The experiment above related, as well as a great many others made and recorded by Dr. Dowler, prove that the brain and nerves are not essentially necessary for the manifestation of a single one of those phenomena supposed to be exclusively dependent upon the nervous system, or to influences passing and repassing therein. This is proved by the fact, that after the nervous communications had been dissevered, mere inflation of the lungs, by aërating and putting the blood in motion, restored sensibility, consciousness, and the power of voluntary motion—thus proving, that feeling, willing, thinking and acting are vital functions, *inherent in aërated blood*, and are not exclusively or necessarily mental or nervous; because in this experiment, as well as in others, they were called into action without the aid of either brain or nerves.

The fundamental type of life and starting point of vitality are not the brain and nerves, but the blood. In metaphysical language, it is proved by this experiment that the blood is the *subjective* or the *mi*, and that it derives its subjectivity from the atmospheric air, which gives it life and motion; that the nerves and all other parts are the *objective* or the *not mi*; that the blood is the seat of consciousness, and that species of intelligence, often called instinct, possessed by the lower animals; of the will, of the passions, and of all the vital functions. In other words, *that it is the life*—the life of all animals, and derives its life from the inspired air. It is fleeting as the breath; any cause, which shuts the air out from the blood or stops its motion, destroys life. The mind or soul, the *objective* during life, may it not become the *subjective* or the *mi* when the life of the blood is extinguished? The crocodile, in common with man, possesses animality, attached to which are sensation, volition, intelligence, consciousness, the will, the passions, and the power to move in a determinate manner; these are the only phenomena of life derived from the blood. By denying to the blood that vitality which properly belongs to it, and which this and other vivisections clearly show it possesses, much confusion has arisen in separating the phenomena properly belonging to animality from spirituality. But where is the book on physiological or any other science, which can explain the facts revealed by the sacred crocodile? Can France, England, Germany or America produce it? Can Greece or Rome? They cannot. But the facts thus revealed by the martyred crocodile meet a ready explanation in the Pentateuch. They are only a translation or re-writing of what Moses wrote. What is the physiological doctrine taught in the Pentateuch? “The life of the flesh is in the blood.” (Lev., c. xvii., v. 11.) “For it is the life of all flesh, the blood of it is for the life thereof. For the life of all flesh is the blood thereof.” (v. 14.) Again in Gen. chap. ix., v. 4—“Flesh with the life thereof which is the blood thereof.” Physiologists, heretofore, have never been prepared to subscribe to the above doctrine in its plain, full and literal meaning. The vitality, which Hunter contended for as existing in the blood, fell far short of that announced in the above quoted passages. He supposed that the blood, in common with the nerves and flesh, possessed life, but he never dreamed that life, in its broad, full and plain meaning, with all its attributes of sensation, motion, consciousness, will and intelligence, existed in the blood, and that the nerves, flesh and other solids possessed no life, but that *which is in the blood thereof*. Every word of this is fully verified in the facts revealed in the above-mentioned vivisection. But from what does the blood derive its life? The breath, says the experiment. The breath, says the Pentateuch. נִשְׁמַת חַיִּים *Nishmath chayyim*, the breath of life. When Mrs. Willard advanced the idea, that the chief motive power of the blood is located in the lungs, and derived from respiration, it was made a subject of ridicule by the learned. Physiological works, ancient and modern, contain no authority for it. Greek and Roman literature is against it. There is nothing in the construction of either the Greek or Latin languages, which would suggest such an idea. Of twenty or more terms and epithets, which the Romans



used to express the idea of life, not one of them has any allusion to or connection with the terms used to express the act of breathing. Thus *vita*, *spiritus*, *lux*, *fugiens*, *rapida*, *caduca*, *fluens*, *brevis*, *fluxa*, *angusta*, *arcta*, *fallax*, *misera*, *languida*, *infausta*, *infelix*, *arummosa*, *anxia*, *solicita*, *beata* and *diuturna*, convey no idea at all of breathing or respiration being connected with vitality or essential to it. So also with the Greeks, the terms they used to designate life were entirely unlike those they used to express the act of breathing; and the words designating *breath* and *life* are derived from very different roots. But an authority, "beyond all Greek, beyond all Roman fame," is now to be adduced in support of the proposition advanced by Mrs. Willard, that the chief motive power of the blood is located in the lungs and derived from respiration. It is the authority of the language first given to man, the sacred Hebrew. Mrs. Willard's idea is interwoven in the very construction of that language. The Hebrew *חַי* *chay*, life, comes from the verbal root *חָיָה* *chayah*, to live; a form kindred with *חָיָה* *chayah*, the primary idea of which is "breathing." All the kindred verbs have the same primary idea, that of breathing, appertaining to them. The idea of motion, vigor, strength, might, valor, breathing, feeling, acting, is attached as an inseparable and invariable constituent of life, as understood by the Hebrews. The blood being the life, the mobility, the *activity* ("any man of activity [life] among them," Gen. 47, 6), and deriving its life from respiration—from the breath; the breath—blood—life—motion—strength—power—energy—valor—feeling—although a plurality, convey an unity of idea, as all springing from the same root or parent stalk. Hence the great truth, announced by a daughter of America, that respiration is the chief motive power, which produces the circulation of the blood, was revealed to Adam in the language taught him. Great as may be the authority of the ancient Greeks and Romans and all the modern physiologists, yet their authority should weigh nothing when brought against a great and important truth, which it was their misfortune to have lost sight of. It is to be regretted that Professor Draper did not see it, when *the long-lost-sight-of truth* began to be visible so near him in Troy. It was there he wrote his elaborate work on "The forces which produce the organization of plants, and the cause of the *circulation of the blood*." But he substituted an imaginary capillary power for the vital motor power derived from respiration. He overlooked the fact, that long since, the author of this present writing had proved by experiments the most conclusive and unanswerable, that capillary attraction has no existence as a separate and independent motive power, its entire phenomena being resolvable into another form of gravity from unequal atmospheric pressure.\* Taking the most objectional portion of the chemical materials used by Mrs. Willard in the construction of her theory, the learned professor, about the same time, constructed a similar one, only turned inside out, as it were; the supposititious capillary power usurping the throne of that everlasting and universal vital power derived from respiration, whether in plants or animals. Forthwith his theory led him to the

\* Medical Recorder, Vol. XIII., pages 77 to 87. Philadelphia, 1823.

monstrous conclusion that there is no such thing as life, vitality or a vital principle; the whole phenomena of vitality being resolved into capillary attraction and chemical affinity. Bishop Berkley reasoned himself out of a belief in the existence of matter; and here we have, in the nineteenth century, a learned professor who has reasoned himself out of a belief in the existence of a vital principle or life itself. I hope I am not too hard on the professor in objecting to his killing all the world, himself and myself among the number, in order to establish a theory. It were much better to abandon such a murderous theory, and live and be a great chemist, botanist and photographer as he really is, but a very indifferent physiologist.

Since the experiment above reported was made, another crocodile, the favorite pet of Dr. Dowler, which he has been keeping for years for a grand experiment, has fallen a martyr in the cause of science—uttering the same language as the preceding, only in louder tones, and sending those, who are too proud to learn physiology from a woman, back to Moses and the Prophets, and to the study of the Hebrew.

*New Orleans, May 29, 1852.*

#### INFLUENCE OF THE IMAGINATION OR WILL UPON THE PREGNANT WOMAN.

BY I. G. BRAMAN, M.D., BRIGHTON, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

THE following somewhat unique case occurred in my practice, and is submitted for the pages of the Journal without note or comment.

In the month of May, 18—, I was summoned to attend Mrs. ———, who was at the close of the ninth month of pregnancy. As I entered the room, I found everything arranged for her accouchement, which was momentarily expected to occur. The pains were frequent and vigorous, and an examination per vaginam revealed the os uteri fully dilated, the head advancing, and all things as favorable for a speedy termination as could be desired. I consoled myself with the idea that I should soon be released and on my way home. The female assistants, those kind and *sometimes* convenient appendages to the lying-in room, concurred most fully in this opinion, and were profuse in their encouragement and congratulations to my patient. But alas for the vanity of all earthly expectations. She did not respond either in faith or by practice. On the contrary, she obstinately turned a deaf ear to all consolation, declaring in emphatic terms that “she should not be confined before aunt Nancy came back.” By the way, this same aunt Nancy was a woman of some considerable note in that portion of the obstetric world, and Mrs. ——— had made a special arrangement with her in reference to this occasion, but the *miserable sinner*, regardless of her solemn promise, had left town on a visit. Her presence and sympathy it seemed was a *sine qua non*; and consequently I must relinquish every hope of accomplishing anything, while such an unfortunate conjunction of circumstances obtained. In vain I laughed, expostulated and even scolded. Mrs. ——— made but one reply to all? “You may say and do what

you please, but I tell you I shall not be sick before aunt Nancy comes back, if she never comes." The pains were still urgent, and a few expulsive efforts were all that appeared necessary to complete the labor.

In this state of doubt and uncertainty we spent the night. Morning came, but with it no relief. The major portion of the day was passed in the same manner—matters remained *in statu quo*. About 4, P.M., my assistants (who had received some accession to their number from a neighboring domicile) began to look grave, and exchanged significant glances. Suddenly they vanished, leaving me *solus* with Mrs.——. By certain stifled whisperings, I inferred they were holding a conference in an adjoining room. This, I knew, portended some important communication to myself, and I waited with fortitude to hear what it might be. I was not kept long in suspense. The door opened, and marshalled in single file, they advanced, when the oldest, who had evidently been chosen chief speaker, thus addressed me :—

"Doctor, do you not think Mrs. —— has been sick some time?"

"I do."

"Why is she not confined?"

"You have heard what she says, and can judge as well as I."

"Is anything out of the way?"

"No."

"Can't something be done to help her along?"

"I know of nothing. We must wait patiently."

"Are you willing we should try an experiment upon her?"

"It depends upon what it is."

"We won't do anything to hurt her."

"Well, with such a condition you may try your experiment, but I shall interfere if I see anything in it calculated to do harm."

With this consent, they speedily commenced operations. A common wash tub was placed under a chair which had lost the whole or the greater part of its bottom. In this tub some wormwood, hops, and I think tansy, were put, and boiling water poured over them. After waiting a few moments, for the water to cool a little, Mrs. —— was taken from her bed, seated in the chair, duly propped up by pillows, and supported by the arms of all the feminine gender present. This process was accompanied with various appropriate remarks, such as—"There, now we have fixed yon nicely." "You will be sick right off." "We aint a going to stay here again all night," &c. &c. Contrary, however, to their expectations, her pains immediately ceased. She was perfectly comfortable, and evidently enjoyed the change. The concave stood aghast, and after waiting over an hour, gave up their experiment, and with much chagrin re-placed the good woman upon her bed. There she remained one fortnight, happy and contented, suffering no annoyance, except some slight derangement of the stomach, which was easily relieved by appropriate remedies. At the expiration of this period, aunt Nancy fortunately came back. No sooner did Mrs. —— hear of this, than her pains returned. Aunt Nancy was sent for, I was again summoned, and, in a very short space of time, a fine girl made its debut into the world.

June 9, 1852.



## DIVERS TUMORS.

[Communicated for the Boston Medical and Surgical Journal.]

PRACTICAL considerations appertaining to the following notices of certain tumors, induce me to offer them for publication.

*Hydatid Tumor of the Wrist.*—A laborer discovered a diffused swelling in the hand and wrist four years since, but it received no particular attention until its growth prevented flexion of the fingers upon the hand, and of the hand upon the wrist. It filled the palmar and carpal regions entirely, and was divided into two distinct lobes by the annular ligament. It was encysted, and having its origin upon the flexor tendons of the fingers, and consequently beneath the aponeurotic tissues, it had a tense resisting touch. In causing fluctuation from one division of the tumor to the other, a very distinct crepitus was produced—a sensation as if the sac was filled with fine shot, or, more accurately, that of pressing a bag of rice with the fingers—a harsh grating sensation. This crepitation is peculiar and diagnostic, and is the effect of friction of the hydatidic bodies gliding upon each other. The integuments were never discolored, but at the upper limit of the tumor upon the wrist there was a circular, indolent, superficial ulcer, of the size of half a dollar, that had existed for a long time.

To obliterate the cavity of the cyst by promoting adhesion of its parietes, I opened the tumor by free incisions at each extremity, from whence issued an immense number of hydatidic bodies of the size of apple seeds. They were white, smooth, and glistening in appearance, and were ovoid and pyriform in shape. A large quantity of glairy straw colored fluid also escaped. Flexion of the fingers and wrist was immediately restored. A seton composed of a wisp of wicking was carried through the sac from one incision to the other, and these suffered to remain until the tenth day, when it was withdrawn. An abundant suppuration ensued, which at the end of five weeks ceased altogether, and it was then found that adhesion was complete. The ulcer at this time was reduced to one fourth of its original size, and at the expiration of eight weeks it was cicatrized and the cure concluded.

*Varicocele.*—This case is related for the simplicity of the operation for radical cure. A young gentleman received a severe blow upon the left testicle fourteen years ago, but the enlargement of the scrotal veins was not observed until several years afterward; but they gradually increased in number and amplitude, until considerable heaviness and pain resulted. The veins were as usual grouped into hard inelastic masses, the scrotum was elongated, but the testicle was in a sound condition. The increase of the tumors, and the pain and inconvenience caused by them, rendered a radical cure very desirable.

I simply raised the venous masses from the vas deferens, and inserted a pin beneath the enlarged veins near the upper extremity of the tumor, and then elevating the portion included by the pin, tied it firmly with a strong ligature. Another pin was inserted in like manner, an inch below this, and thus the continuity of the veins was twice broken, and it was evident that if the portions included by the ligatures should slough, the remainder of the veins would be disposed of by the process of degeneration, and that would end it.

On the third day the scrotum was inflamed and œdematous, and the constricted parts black and dead. The constitutional symptoms were by no means violent. By the sixth day the sloughs separated, and the pins were liberated. The scrotum was now highly inflamed and swollen, and there was considerable pyrexia, furred tongue and painful testicle; there was only trifling pain in the spermatic cord, and no signs of phlebitis. By the eighth day there was much abatement of the swelling, &c., and at the expiration of five weeks the sloughs had cicatrized, and all that remained of the veins was a hard ligamentous substance. The scrotum was reduced to its original volume by the loss of integuments included by the ligatures.

*Hydrocele of the Neck.*—In this interesting case the patient was fifty years of age. He first perceived a swelling upon the right side of the neck seven years ago, which gradually increased in volume until it reached from the upper limit of the neck down to the bottom of the opposite side, resting upon the sternum and clavicles, and crossing the throat diagonally from above downward. It was deep seated beneath the mastoid muscle, and had pushed the prominent part of the trachea wholly to the left side of the median line. It was uniformly rounded; its form was ovoid, the base being uppermost. It was tensely fixed, and the integuments were somewhat heightened in color. It yielded an indistinct fluctuation, and by applying the ear to it the respiratory and circulatory sounds were singularly acute—a result due to the conducting power of the fluid contents of the cyst. The tumor was never very painful; but as it had displaced the trachea, it caused considerable embarrassment to respiration and deglutition. These considerations, with its rapid growth and the annoyance and deformity caused by it, constituted sufficient reasons to attempt a radical cure.

To accomplish this, I was of course guided by the principles of treatment applicable to ordinary hydrocele. I first selected the process of ioduretted injection. I made a slight incision of the skin, and introducing a trocar, drew off eight ounces of limpid serum, when the neck was reduced to its normal appearance, with the exception of the permanent displacement of the trachea. Three drachms of diluted tincture of iodine was injected and suffered to remain as the agent to excite adhesive inflammation. The serum was remarkably clear, slightly coagulated by heat, and by the microscope discovered a slight proportion of blood corpuscles and epithelial scales, and nothing more.

A pretty high degree of inflammation followed, but not sufficient to produce entire adhesion of the extensive surfaces. At the expiration of three weeks the tumor attained the size of an orange, when I again punctured it, and inserted a seton composed of two filaments of small tape through its longest diameter. This measure proved successful; it was sufficient to maintain a degree of inflammation that resulted in entire union of the walls of the sac. The seton was retained during an interval of five weeks, being frequently saturated with tincture of iodine. The constitutional disturbance was inconsiderable, the patient was only confined a few days, and the progress of the cure was rapid and satisfactory.

I have only twice met with this rare form of serous cyst. In another

instance it occurred in a gentleman seventy years old, whose health was bad. It was upon the right side of the neck, and sustained a remarkable resemblance to the foregoing, only it was smaller, and was attended with severe lancinating pain in the neck. I did not know exactly what to make of it; but to be sure of my diagnosis, I punctured the cyst with an exploring needle, when its contents escaped and the tumor collapsed with great relief to the patient. I subsequently injected it with iodine, and finally passed a seton, but failed altogether. The patient's health broke down, and he died in a few months after the ineffectual attempts were made to relieve him.

The history of this cyst is of modern origin, being first described by European surgeons about twenty-five years ago, under the denomination of hydrocele of the neck, hydrobroncocele, serous goitre, encysted goitre, hygroma cellularis, &c. Its existence is independent of the thyroid gland. Broncocele, for which it has been mistaken, is developed in the substance of the thyroid gland, and is accompanied with hypertrophy or degeneration; while hydrocele occurs in the cellular tissues of the neck—a genuine cystic tumor formed by the progressive development of a sero-fibrous membrane. Simple as the distinction is, errors of diagnosis have been committed by distinguished surgeons. Mr. Bransby Cooper attempted the removal of this tumor by excision, but was arrested by a sudden gush of water that revealed its true pathology. It has been mistaken for goitre, solid growths, aneurism, chronic abscess, lymphatic swellings, &c., but the smooth, uniform roundness of hydrocele and its fluctuation distinguishes it from the hard, irregular, lobulated masses of the thyroid gland; and moreover, all doubts may be disposed of by an exploratory puncture. It is a singular fact that nearly all the reported cases of hydrocele of the neck, and they are not numerous, occur upon the *left* side.

Hydrocele of the neck, since its pathology has been determined, has been treated with pretty uniform success. The various methods consist of ioduretted injections, excision when small, incision, and the seton. All have their partizans, but it cannot be denied that the weight of testimony is altogether in favor of the seton.

JAMES DEANE.

*Greenfield, June 10, 1852.*

#### DISCOVERY OF ETHERIZATION.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—It has occurred to me that the medical profession is in duty bound to say a word in relation to the settlement of the Ether question.

It does appear to me that Drs. Wells, Morton, and Jackson, each have a claim, but neither an exclusive one, to the discovery.

I think the proposed bonus of \$100,000, which a committee of Congress has proposed to confer upon one of those gentlemen, should be divided among the three, their heirs, or representatives.

If you, sir, view the matter in this light, a statement to this effect, by the physicians of Boston, and transmitted to Congress, might avail to set the subject right, as well as satisfy and do justice to the parties.



I enclose a statement on the subject from the *Scientific American*, and forbear to enlarge, as a word to the wise, &c.

Very Respectfully,

JOSEPH COMSTOCK.

*Lebanon, Ct., June 1, 1852.*

[The statement above referred to is a representation of the claims of Dr. Horace Wells, of Hartford, as the true discoverer of etherization. It is mainly the same as what has already appeared in the *Journal*, and its repetition here is unnecessary. The suggestion of Dr. Comstock is worthy of consideration, though it is somewhat doubtful whether the plan would suit either of the Boston claimants.]

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#### BIRTH OF A MONSTER.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—If you think the following of sufficient interest to merit a place in your valuable *Journal*, please insert.

Respectfully, I. A. DARLING, M.D.

*Bangor, N. Y., June, 1852.*

On the morning of the 22d of last month, I was called to attend Mrs. P——, at the birth of her fourth child. After a labor of about eight hours, a living child was born, with the following deformities. It had a double hare lip; no arms at all, but hands, except the thumbs, hanging from the shoulders. No genital organs of any kind. No motion in the hip or knee joints; consequently, the legs being flexed in utero, both femurs were fractured during the latter stages of parturition by bringing the inferior extremities into a line with the body. Lastly, there was talipes varus of both feet. It appeared to have been in utero about eight months. It never breathed. I have it at my office, nicely preserved in spirits.

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#### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JUNE 16, 1852.

Louisiana State Medical Society.—A meeting of this Society was held at New Orleans on the 8th of March last. It seems that the session lasted several days before much was accomplished. We trace their proceedings to the 13th of the month, when the late president, Dr. Barton, delivered an address, which was referred to week before last in the *Journal*, and is distinguished for its sound logic and independence of opinion. Dr. Picton, of New Orleans, a name quite well known to us in this rough end of the United States, was elected president. Five vice presidents, together with the usual complement of secretaries, and a treasurer, completed the organization for the ensuing official year. A new feature was introduced, and was framed into a law, which will always insure a full attendance of those who have an ambition for office. It is as follows—viz.: "No member shall be eligible to any office of this society, unless he be in attendance on

the session." The same might work well in the Massachusetts Medical Society. A dinner or position on the platform, and sometimes both, would also do considerable towards filling a hall.

Lectures on Surgery.—Whoever reads, must of course be familiar with the name and standing of Bransby B. Cooper, the great surgeon of Guy's Hospital, London. In October, 1851, he gave the profession a volume of lectures on the Principles and Practice of Surgery. Authors on this branch of science have discovered a singular poverty of invention in regard to titles for their works. There are so many *Principles and Practices* in our libraries, that it is a source of perplexity to designate one from another. But to the subject. Messrs. Blanchard & Lea, Philadelphia, have brought out in one of their generous octavos, of 771 pages, the lectures of this distinguished surgeon, which are full and complete in the consideration of the leading facts and phenomena in the field of surgery. Mr. Cooper remarks in the preface, which is a sensible paper by itself, that "it may be considered by many, that a book upon surgery is not at the present time one of the desiderata of the medical profession, and such a remark would, I think, be quite true, if it were intended to apply to a work on the abstract principles of the science." And again, speaking of the production as it lay before him—"its contents are of a practical character, embodying the experience of twenty-five years, during which time I have occupied the position of surgeon at Guy's Hospital." Aside from the partiality a writer would naturally feel for his own literary labor, no one would suppose that Mr. Cooper would have suggested that these lectures were of value, had he not been conscious that they were accurate guides to a broad field surveyed with extreme accuracy by himself. Mr. Cooper is no originator of novelties, but an eminently practical man, who weighs every thing with caution, and plainly states just what is true, so far as it accords with his own personal experience and that of the best class of observers. These are the books most needed. As the age in which we live is assuming a strictly utilitarian character, they are well qualified to assist in the progress of scientific medicine. Theoretical speculations have been too much encouraged for the sound advancement of that kind of inductive knowledge on which true philosophy is based; and if encouragement is given, as it should be, to thinking, reflecting, experienced men, medicine and its cognate branches have a higher destiny in the future.

Portraits of Physicians.—That singularly endowed school of medicine, the University of Michigan, which labors for nothing, apparently, yet gives to students the first order of instruction, has been doing a genteel act that will enlarge the circle of its friends. A sheet, bearing the miniatures of the entire faculty of medicine, beautifully engraved on steel by Sartain, of Philadelphia, has been or is to be given to the students of the institution. In the first place, the artists have executed their business in the very first style of art; secondly, the school will doubtless be greatly assisted by the circulation of this engraving; and thirdly, the five professors are very handsome, intellectual-looking men.

Hydropathic Encyclopædia.—Two beautifully printed volumes, from the press of Eowlers & Wells, New York, by R. T. Trall, M.D., have been

received. There are some good plates in the work, and several which are good for nothing. The descriptions of diseases are correct, but the remedy is a puzzler. No matter what the symptoms, or malady, the remedy is water, without any qualifications. Very many curious facts are introduced, and suggestions abound of some practical value; but a man who cannot either kindle a fire or put it out with water, is not considered in fellowship with the hydropathic school. That series of compilations in the first volume, on air, light, drink, food, temperature, exercise, sleep, longevity, &c., are unexceptionable. There are remarks about everything, in this Cyclopædia—a complete Salmagundi—but the great idea is water. It is physic or farce, according to the mode of using it. Those who are perverse enough not to believe in the perfect and entire remedial efficacy of water, after reading Dr. Trall, would not believe that the moon was made of green cheese were Sir John Herschell to announce it as a discovery.

Obstetrics: the Science and the Art.—Were the name of Charles D. Meigs, M.D., unknown to fame, it might be well to state that he is Professor of Midwifery and the Diseases of Women and Children, in the Jefferson Med. College, Philadelphia, and that he is identified with progress in every department of medicine. And this is not all, for Dr. Meigs is an indefatigable writer. His records are not made up of other men's thoughts, for he has always had the independence to think for himself. He wrote a large volume, a few years since, that met with the cordial reception of the profession throughout the world. That same book has been essentially improved by the only man who could add to its value—the author himself, and the above caption is the title of a second edition, illustrated by one hundred and thirty-one drawings. Messrs. Blanchard & Lea, Philadelphia, favorite publishers with the profession, have executed their part of the enterprise in their accustomed style. This is a book we heartily commend to medical men. We know of no stronger commendations than this simple statement.

New York State Medical Society.—For the first time, this body is to meet in N. York, in the College of Physicians and Surgeons, 57 Crosby St., on Tuesday, June 27th. A better arrangement could not have been proposed, to ensure a large and brilliant meeting. Invitations have been extended to prominent gentlemen of the profession out of the State, to meet with the society, contribute papers, &c. The occasion will be one of peculiar interest to members and guests.

The Season for Travelling.—With the approach of summer days, there is usually a falling off in communications to the pages of the Journal. It is the season for travelling—when the medical fraternity of the north and the south take the opportunity to visit the west, and to look into its vast resources, and admire the great lakes and rivers, which are among the noblest in the world. We are never expecting, with a July sun, so many communications as when the winter storms are raging. But although there may be a temporary suspension of those literary and scientific favors which are the life of a periodical, as the expression of the medical sentiment of the country, with the falling of autumn leaves they begin to flow in again, full of freshness and vigor. Medical

practitioners require an annual relaxation, and change of scenery, as much as the merchant or the clergyman, and they should break from the trammels of business long enough for a jaunt beyond the purlieu of their every day circuit. Those who do go, invariably gather new views and facts. These are usually prepared for publication in the long evenings of approaching winter. We have no reason for complaining on account of any falling off of papers; on the contrary, it is extremely gratifying to be able to present a succession of communications from sources commanding respect and confidence, even thus far in the warm season. If they happen to be less numerous, or fail altogether, for a short time, readers will, by these explanations, understand the true cause.

History of Fevers.—A third edition of Dr. Bartlett's great work on fevers, from the Philadelphia press of Blanchard & Lea, will receive proper attention directly. The success which the former editions met with, must have gratified and encouraged the accomplished author.

Profits of Quackery.—In the city of Boston there is a man exclusively devoted to venereal practice, who is believed to be in the receipt of one of the largest professional incomes in the city, and yet he never studied medicine, and actually conducts his immensely profitable business under an assumed name. To one daily paper he pays, by contract, three thousand six hundred dollars a year for advertisements. There is not an educated physician in the city who could possibly compete with this person, were he disposed, nor could those who consult him be brought to believe he has an equal in the branch of practice to which all his energies are devoted. This state of things is discouraging, indeed, to those who have conscientiously prepared themselves by a most exact, systematic training, at home and abroad, in hospitals and the lecture rooms, for the practice of medicine.

Meeting of the American Medical Association at Richmond.—The following is the vote which was passed at the late meeting of the Association, respecting the reception and entertainment of the members, by the profession and citizens generally of Richmond; and by the accounts of those who were present from the north, we are persuaded a similar vote of thanks was never more truly merited. We copy it from the excellent report of the proceedings issued from the office of the Stethoscope, at Richmond, which was kindly forwarded by the editor, Dr. Gooch, to whom we are under obligations which should have been before acknowledged.

"Dr. STILLE, of Pa., moved the following resolutions, which were seconded by Dr. BLATCHFORD, of New York, and unanimously adopted:)

"1. *Resolved*, That the elegant, varied and generous hospitality which the association has enjoyed during its present session, calls for its hearty and unanimous thanks, with the assurance that it can never forget an entertainment, unrivalled even among the festivities of the "Old Dominion."

"2. *Resolved*, That the thanks of the association are hereby presented to the Medical Society of Virginia, to the medical profession and citizens of Richmond, to the trustees of the 'United Presbyterian church,' to the managers of the Danville railroad, and to the several public institutions of this city, for the hospitable care of these bodies to promote the comfort and amusement of the association.

"3. *Resolved*, That the association returns its thanks in an especial manner to the committee of arrangements for the zeal, intelligence and good taste displayed in performing its numerous and important duties."

Economy in Dental Operations.—A farmer of the neighborhood of Boulogne, in France, applied the other day to a dentist of that city, and complained of severe pain in a decayed tooth. The dentist told him that the tooth would bear stopping with lead, and asked him to return in a few days. When the farmer had returned home, he thought that he might save the dentist's fee, and asked the blacksmith of the village to pour some melted lead into the tooth. The worthy knight did as he was bid, and the poor farmer saved his money, but had almost the whole of one side of his jaw burnt away.—*Lancet*.

Medical Miscellany.—Dr. Goldsmith, of Castleton, Vt., recently tied the left common iliac artery, the patient being threatened with immediate death from an aneurism of the external iliac.—Dental magazines are on the increase. A new one by Dr. Solymán Brown, N. York, has appeared.—The Philadelphia Female Medical College had fifty-two students on the catalogue. Eight ladies took the degree of M.D. The circular is out for the next term.—Seven cases of cholera, with many fatal ones, have occurred at Maysville, Ky.—A few cases of measles are about, and also a sprinkling of erysipelas.—A new edition of the medical police rules and regulations of the Boston Medical Association, embracing the new fee bill and a catalogue of the members, has been published.—Several medical gentlemen have recently sailed for Europe.—According to the last medical returns, 40,000 persons died of cholera in Jamaica last year.—During the month of February last, 8,247 patients participated in the benefits of the Royal Free Hospital, London.—During the last year, 11,500 patients participated in the benefits of the Royal London Ophthalmic Hospital.—The average number prescribed for, every morning, is 300.—The appeal of Mrs. Woolrige, London, who promised to subscribe towards the Free Cancer Hospital fifty guineas, if nineteen others subscribed a similar sum, has been successful, and the sum is now lodged in Messrs. Coutts' Bank.

TO CORRESPONDENTS.—Dr. Mitchell's case of severe injury of the head, a letter from Mrs. Willard on the new theory of the circulation, and Dr. Manley's remarks on Anæsthesia, are received.]

MARRIED.—Dr. T. D. Strong, Westfield, N. Y., to Miss L. M. Ainsworth.—At Warehouse Point, Conn., Dr. Joseph Olmsted to Miss S. M. Barnes.—Dr. C. E. Crane, of Utica, N. Y., to Miss C. C. Myers.—Sidney S. Merrill, M.D., of Reading, Mass., to Miss P. V. Bradley.—In Baltimore, Dr. James Simons, U. S. Army, to Miss M. T. Gettings.

DIED.—At Fairhaven, Mass., Jeremiah Miller, M.D., 65, an eminent physician for the last forty years.

Deaths in Boston—for the week ending Saturday noon, June 12, 61.—Males, 35—females, 26. Accidental, 1—apoplexy, 1—inflammation of bowels, 1—burn, 1—inflammation of brain, 2—consumption, 12—convulsions, 2—croup, 1—debility, 2—dropsy, 1—dropsy of brain, 4—fever, 1—typhoid, 1—scarlet fever, 6—heart disease, 2—infantile, 5—inflammation of lungs, 4—marasmus, 1—mania, 1—old age, 6—palsy, 1—puerperal, 1—teething, 2—unknown, 2.

Under 5 years, 20—between 5 and 20 years, 10—between 20 and 40 years, 10—between 40 and 60 years, 8—over 60 years, 13. Americans, 31; foreigners and children of foreigners, 30. The above includes 5 deaths at the City institutions.

New Mode of Returning Strangulated Hernia.—By THOMAS A. WISE, M.D., late Surgeon H. E. I. C. Service.—The following are the particulars I promised to send you, regarding a new method of reducing strangulated hernia. While I had charge of an hospital in India, an elderly man was brought to it with a strangulated inguinal hernia. After in vain employing the usual means of reduction, I was preparing to liberate the gut with the knife, when a Mussulman gentleman suggested, that the following method should be first tried, as he had seen it successful. As it appeared most simple and effective, I at once proceeded to try it. The patient was placed upon a table, and a long sheet, folded several times on itself, was carried round the lower part of the abdomen of the patient, was twisted on itself in front, and again on the sides, so as to enable an assistant, standing on each side of the patient, to hold the extremities of the sheet, and to pull them gently upwards, or towards the patient's head, while a third assistant held the feet steady, and the surgeon used the taxis.

As the gut immediately above the strangulated portion was superficial and distended with air and liquid, it was drawn upwards with considerable force from the hernial sac, which was assisted by the surgeon using the taxis; when the strangulated portion was immediately reduced.

This simple method may, in a very large proportion of cases, be employed with perfect safety and at an early period, before inflammation and thickening has complicated and increased so much the danger of the operation, which is thus rendered unnecessary.—*Edin. Monthly Journal.*

British and Foreign Hospitals.—It is not, perhaps, generally known that Paris, with a population of 1,000,000, has upwards of 10,000 beds in its hospitals, whereas London, with a population of 2,000,000, and an annual mortality of 45,000, has only 5000 beds; St. Petersburg with a population of 476,000, and an annual mortality of 10,000 to 11,000, has 6000 beds; Vienna, with a population of about 400,000, and an annual mortality of 16,000 to 17,000, has 3700 beds; Berlin, with a population of 365,000, and an annual mortality of 8000 to 9000, has 3000 beds; Warsaw, with a population of 150,000, has 4000 beds; and Manchester, with a population of 360,000, has 193 beds. The above statement does not include the wards for the sick in the poor-houses of the continental towns, or in the work-houses of London.—*London Lancet.*

Abnormal Union of Fingers.—M. Pauli, of Landau (Rhenish Bavaria), operates upon fingers abnormally united in the following manner:—The web binding the fingers is divided longitudinally with a bistoury, quite close to one of the latter, and a little higher up the cleft than the abnormal connexion, the fingers being meanwhile carefully held asunder by an assistant. By these means sufficient skin is left, on one side, to bring the margins of the wound together; and these being secured by strips of adhesive plaster, unite by first intention. The wound on the other side is then covered with lint, and allowed to cicatrize by granulation. Any subsequent union between the finger covered with a continuous and linear cicatrix, and the one presenting a surface closed by granulations, becomes thus impossible. The author mentions several cases in which this method was successfully employed.—*Ibid.*

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SEVERE INJURY OF THE HEAD—COUNTER IRRITATION, AND COMPRESSION—SINGULAR RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

MR. ASA KNIGHTS, aged 79, while in the act of throwing down hay for his cattle, was precipitated headlong on to the barn-floor, striking upon his head. The blow was principally received on the left parietal bone and vertex, shattering the cranium, and producing *contrecoup* or counter fracture of the opposite side. There being no one near, he was not discovered for some minutes after the accident. The day was excessively cold ; he was found lying on the floor, coiled up, and insensible. With great difficulty, and the aid of two females, he succeeded in reaching his house, not far distant. Being called immediately, I found him lying on his back, in a comatose state, with paralysis of the arms, stertorous breathing, coldness of the body, respiration weak, pulse feeble and intermittent, pupil of the eye fixed and contracted, and a constant harassing cough. On examination over the seat of the injury, the scalp throughout presented a puffy and œdematous swelling, pitting on pressure, and rendering it very difficult to ascertain the extent and location of the fracture, which proved, on further examination, to be an extensive one, with depression occupying the region of the middle and posterior angle of the right parietal bone, continuing nearly to the extent, corresponding with the size of this bone, at its junction with the occiput, lambdoidal, and temporal sutures. Deeming the case a critical one, my attention was immediately called to the relief of the patient, by all the remedial agents that could be made use of. By means of warm camphorated brandy applied to the scalp ; dry friction, with flannel, over the body ; heat to the extremities, and sinapisms to the soles of the feet and inner calves of the legs, with a free use of strong infusion of warm coffee internally, we succeeded in establishing re-action, with increased and diffused warmth over the body. The pulse rose and became full and frequent. Scarifying cups were applied to the temples and thorax, the pulse sinking after the abstraction of about six ounces of blood. We completed our treatment for the night with the application of compresses dipped in cold water to the head, confined with the four-tailed bandage, necessary instructions being left with the at-

tendants keep the circulation equalized as much as possible through the night.

On visiting our patient, the next morning, we found no amendment in his symptoms, those of compression being even worse; the sensibility of the surface had remarkably increased. He complained of lancinating pains in the neck, at the junction of the atlas with the base of the cranium; pulse small and intermittent; respiration irregular and laborious; suffocating cough, with increased expectoration, and mucous rale over the whole chest; passed his fæces and urine involuntarily; great tenderness in the region of the liver; angle of the mouth drawn up, and nervous twitching over the whole body. Continued the cold applications, tightened the bandage, applied sinapisms to the nape of the neck and over the region of the liver. A large emollient poultice was applied to the chest; the neck being fixed and inclining to one side, was supported with soft cotton pads. This, with applications of warmth to the extremities, a mild anodyne, and diluent drinks, completed our morning prescription. Visited throughout the day. No alteration; pulse weak, small and fluttering; tongue red at the edges, coated with a thick brown fur. Continued the same treatment until the third day. Believing that he would die, and the friends becoming anxious, I proposed a consultation, and called in Dr. W. W. Sweat, of Portland. We concurred in opinion that the trephine was not premised, on the grounds of the great extent of the injury, his advanced age, and the almost total abolition of function in the respiratory nerves, from the injury of parts whence they arise. We were unanimous in the opinion that he would not survive long, and decided on a palliative treatment.

Fourth day, became conscious of passing his urine; cough violent; expectoration profuse, swallowing the same; tongue partially paralyzed; pulse somewhat increased in fulness and frequency; bowels constipated; heat of the head increased. Ordered him an injection, and a laxative to be continued throughout the day, composed of sal. sulphate of magnesia and vin. ipecac. Sinapisms to the chest, and iced water to the head. Bowels operated upon by the medicine. Symptoms of compression the same; coma complete, answers questions only when aroused, and then incoherently.

Continued in this state up to the tenth day, without alteration. Remedies varied according to circumstances, watching carefully the disturbed functions of the organs of vital importance, combating symptoms, supporting the system, and making the prevention and subduing of inflammation our chief aim.

Eleventh day.—Continues the same. Meningeal inflammation more apparent. Complained of a sensation of cold over the body; temperature of the surface low; great heat in the head, accompanied with restlessness and jactitation, convulsive twitchings, active delirium, and wild incoherent ravings. Ice to the head, counter-irritants to the nape of the neck and spine; neutral salts continued, with mild anodynes.

Twelfth day.—Thought him dying—everything denoting a speedy dissolution; features shrunk; breathing stertorous; passed his stools and urine involuntarily; loud mucous rattle in the bronchial tubes; tongue

paralyzed; picking at the bed-clothes; heat of the head diminished; extremities cold; pulse small and compressible; breathing principally by the muscles of the jaw. Continued our treatment to restore the sinking energies.

Visited him in the morning. Symptoms somewhat better. Condition slightly improved; countenance bloated and flushed; considerable heat of the head and surface; cough violent; great tenderness over the hepatic region. Administered a mercurial cathartic, followed by the neutral salts, and ice to the head.

Visited in the morning. Patient calmer; had a free evacuation from the bowels. At noon, marked symptoms of inflammation of the substance of the brain were developed; and during the night following, he became restless and active, raved incoherently, requiring two men to keep him on his bed.

Fifteenth day.—Countenance more bloated; great heat in the scalp; cough incessant; complains of lancinating pains in the head; pulse 110, somewhat fuller and more tense. Scarifying cups to the temples and neck; ice to head; bandage and compress continued; also neutral salts and *vin. ipecac.*, combined in solution, given in small doses throughout the day, with other adjuvant remedies.

Continued about the same up to the eighteenth day, with great intolerance of light and noise, severe pains in the back of the head, active delirium, and skin dry; cough and expectoration undiminished; breathing stertorous, with loud snoring. The features of the case presented no apparent change up to the twentieth day, then apparently worse.

Twentieth day.—Visited him in the morning. Learned that he had passed a bad night. Countenance indicative of great anguish; mouth distorted; pulse 45 per minute, weak and small; lying coiled up in his bed, and speechless; convulsive twitchings over the whole body; function of respiration almost annihilated; extremities and head cold. Warm camphorated plaster to the whole scalp; sinapisms to the feet and inner calves of the legs; warm, dry frictions over the whole body; emollients over the region of the liver. Ordered him a little wine through the day, and an ethereal anodyne. Left him with the belief that his dissolution was fast approaching. Visited him in the evening, and found him better; continued so through the night. From this period he began to improve, his convalescence being slow, having been supported throughout on a mucilaginous diet and diluent drinks.

Twenty-second day.—Tumefaction of the scalp nearly subsided, except over the seat of the fracture, which presented a depression about three fourths of an inch in depth, which seemed to consist of three fragments, with irregular and jagged edges. The whole vault of the cranium appeared displaced, and shoved towards the counter-fracture. As the whole skull seemed to be shattered and fissured throughout, the puffiness over the seat of the injury having subsided, and no bony union as yet having taken place, I applied adhesive straps, in such a manner as I supposed would assist in elevating the depressed bone. Over this was placed a light compress, wet with camphorated vinegar, with cotton batting to act as a steady pressure on the right side of the

head, the whole confined by the four-tailed bandage, drawn as tight as the patient could bear. This to be re-applied from once to thrice per day, and kept moist with the camphorated vinegar—subsequently using every means to prevent purulent depositions.

Twenty-third day.—Coating of the tongue disappearing, edges not so red; pulse somewhat irregular; more conscious, and answers questions rationally when spoken to. Continues somnolent. Respiration somewhat improved; cough continues; expectoration less; symptoms of inflammation abating. Remained about the same up to the twenty-fifth day, with the exception that on the day previous he complained of lancinating pains shooting from the cervical region into the back of the head, which disappeared under counter-irritation and a mild anodyne.

Twenty-sixth day.—Quite calm; converses rationally, and in very appropriate language, on the nature of his injury. Has no distinct ideas of the time and duration of his illness. Recollection perfect, of his falling, and the place in which the accident occurred; says he tripped as he approached the edge of the scaffolding, being precipitated head-foremost on to the barn-floor, without anything to break the force of the blow, and states positively that he heard the bones of the head crash, and for a few moments was sensible of his great injury, which he thought fatal.

Twenty-seventh day.—Mental faculties gradually developing themselves; somewhat somnolent yet; complains of numbness over the whole scalp, and occasionally severe neuralgic pains in the course of the fifth and sixth pair of nerves. Appetite improving, and calls frequently for food. In addition to his diet, allowed him a little beef and chicken-broth, having been hitherto supported entirely on a mucilaginous diet.

I consider the recovery of this man to be one of the most singular on record. Therefore I subjoin a few remarks, in a physiological point of view, on the deranged functions of those organs that prominently sympathize with the brain. This man exhibited hardly a favorable symptom, during the period of twenty days, so great was the lesion of function of those organs pertaining to life, by the apparent injury of the cranial nerves, as those which arise from the base of the brain, and the medulla oblongata. Those of respiration were more implicated; as the pneumogastric, glosso-pharyngeal, sub-occipital and spinal nerves, which sympathize with the motor nerve of the nutritive system, producing a lesion of function throughout, and causing the greatest irregularity of the respiratory action and circulation, which at times threatened to annihilate these functions altogether; provoking a suffocating cough, by sympathetic irritation of the recurrent branch of the eighth pair. It was observable, that during the period of three weeks, my patient carried on his respiration without any combined action of these nerves, as they would cease to perform their function in controlling that muscular action necessary to his breathing. At first the diaphragm ceased to perform its office, by the injury of its nerves from the violent concussion of the blow; then he breathed by a partial and incomplete action of the muscles of the chest, throat and abdomen. Respiration was thus sus-

tained alternately, sometimes alone by the muscles of the abdomen, and then by those of the chest. And as the lesion of function became more apparent, the action of these muscles would entirely cease their volition. He would then close his jaw, raise the larynx, and breathe by the muscles of the throat, in close imitation of the respiration of frogs, marked by an imperfect inflation of the lungs, with a rapid and quick action of the muscles of the jaw—as if sucking in the air. At this period, his respiration would become nearly suspended—and oftentimes apparently asphyxiated, calling for continued and prompt means to resuscitate him.

Fundamental characteristics of the nervous system will sometimes afford us a clue to its mysterious agency. It would seem that the recovery of the man depended on the uninjured functions of the great sympathetic, or the motor nerve of the nutritive system, which act somewhat independent of those which come directly from the brain and spinal axis; as I am fully impressed with the idea that this man would have died had not the lungs been endowed with active power, derived from branches of what is commonly called the great sympathetic nerve, or had the lungs otherwise been passive organs. The great shock which the brain and spinal marrow had received, was seen to produce its effects in a more marked degree in disturbing the functions of the phrenic and pneumogastric nerves; yet life was admirably sustained during the period of twenty days, by the enervation of the nervous ganglia, until others of no less importance regained their functions, and repaired the injury which so long vacillated and threatened to obliterate every vestige of the powers of life.

There was neither hemiplegia nor paraplegia in the case. The power of memory alone was tolerably retained throughout, while all other functions of the mind were disturbed. The recollection of recent events was abolished, while that of more distant occurrences appeared to be awakened. The stomach did not participate in any great degree, with the disordered state of the system; there was no vomiting nor nausea. The torpidity of this organ gradually regained itself as the lesion of function of its nerve became restored.

Tenacity of life is plainly visible in many genus and species throughout the whole animal kingdom. But the genus homo never represented a more anomalous case of clinging to this poor life, than this old man, especially considering the fact that he has fallen a number of times previously from the same place, striking upon his head, and causing numerous fractures and dislocations of his limbs. It is now quite four months since he received the injury, and to appearance he is quite as well, both in the functions of body and mind, as he was previous to the reception of the accident. The depressed bones have arisen to a level with the skull—being nearly regular, with the exception of being flattened somewhat on the side on which he received the blow. His neck is drawn permanently to one side, bringing his head nearly upon the right shoulder. There was undoubtedly a fracture in the bones of the cervical region, below the fifth vertebra, as distinct crepitus could be heard when the patient was raised.

Westbrook, Me., May 30, 1852.

Very respectfully yours,
AUGUSTUS MITCHELL, M.D.

ENTERITIS.

[Communicated for the Boston Medical and Surgical Journal.]

If we except cholera, I think there is no acute disease more to be dreaded by those who are the subjects of its attack, than enteritis or acute inflammation of the bowels, both from the intensity of suffering which it causes, and the fatal termination to which it often leads. The severe pain, intolerance of pressure and swelling of the abdomen, the condition of the skin, the frequency, quickness and generally hardness of the pulse, and the costive and inactive state of the viscera involved, all demonstrate its danger. Generally it makes its onslaught when vitality is at its maximum; and though the system offers strong resistance to the destructive principle generally, yet from its exuberance of vital elements, inflammation is quite apt to realize its worst and speediest termination.

Its pathology I do not propose to discuss, it being, I apprehend, well understood by the mass of physicians. It is not to be denied, however, that mistakes touching its identity are not unfrequent. Either from lack of discrimination or mere carelessness, it is occasionally mistaken for bilious colic—and this error is pretty certain to ensure the death of the patient.

What I propose, is briefly to consider its treatment. Taking, then, a *well-developed* case, what has been and still is the practice?

1st. It is usual to bleed from the arm till an "impression" is made; in other words, till the subject is faint from loss of blood.

2d. The bowels are cupped, blistered and leeches, agreeably to the notions of each attendant, precedence being sometimes given to the local subtraction of blood, at other times to counter-irritation.

3d. Calomel and opium are administered till the pain is quieted.

4th. Cathartics of calomel and jalap, jalap and cream of tartar, salts and senna, castor or croton oil, or other drastic purges, are given till free dejections are produced. In a few hours, if the patient be not relieved, the bleeding is repeated, and the calomel and opium continued, "*pro re nata*."

If this practice has been modified to any extent, it is in reference to the pernicious administration of purgatives. No physician can have been an observer of these results, many years, without having witnessed the death of patients from "mortification," where "no physis would operate."

When the intestines are violently inflamed, how is it possible for purgatives to be otherwise than positively injurious in their effects? The peristaltic motion is suspended, and by its restoration only can cathartics act. That they sometimes do so, by no means proves their admissibility. They may tease and coerce the bowels into action; but this result can never be salutary, its tendency being to excite and increase inflammation.

The excessive depletion, if less dangerous, is scarcely less objectionable. The loss of great quantities of blood lessens the conservation of the system, and though it sometimes relieves, it also prostrates exceedingly. Even were there no other method of controlling the violence of disease, it would still be an important question how far the practice should be tolerated.

The exhibition of calomel and opium, in large or small doses, I consider wrong, because unnecessary. They cannot be relied on for permanent results; whether prescribed as an *alterative* or *palliative*, they are exceptionable. In this combination the calomel has a strong tendency to salivation, especially in the disease under consideration.

But there is a mode of controlling this disease, free from the objections to which I have just adverted, the applications of which are safe, salutary and efficient. I allude to its management by the use of water. Permit me briefly to describe the manner in which these results are obtained.

Let it not be forgotten that the case we have in view is one of great severity, which, if left to its natural tendencies, would probably terminate in the death of the patient.

1st. Give the patient no medicine.

2d. Nor food of any kind.

3d. Allow him to drink all the water he desires, in moderate quantities, frequently repeated.

4th. Lay upon a bed, comfortables, of sufficient thickness to absorb a large quantity of water. Over these spread a half sheet wrung from cold water, on which place the patient, folding the extremities over the chest and abdomen. This should extend from the arms to the thighs. If the sheet be so long that, in lapping, it covers more than the abdomen with a double fold, tear off the ends.

Commence the application of cold water, by saturating the fold which lies next the abdomen. This in its turn must be covered by the one from the opposite side. This process continue to repeat till the vehemence of the inflammation be subdued—the while covering the body lightly with blankets.

If during the continuance of this course the patient become chilled, a circumstance which ought never to be permitted, and against which we should be particularly careful to guard, suspend at once the cold water, and fixing the segment of a hoop over the body, next the sheet, as a defence from weight, cover the patient with such additional blankets and comfortables, carefully and closely *tucked* at the sides, as will retain the caloric of the body. A re-action will speedily appear—sooner, possibly, than will be anticipated; a rapid evaporation will follow, which being retained within these coverings, will form a vapor bath, congenial to the feelings of the patient, and adapted to afford present relief. When the heat shall have accumulated to a higher degree than is desirable, the indications of which are observed in the color of the face and frequency of the pulse, again renew the cold water.

In those terrific cases of enteritis which we occasionally meet, a majority of which are fatal, the course last suggested is a part only of what should be done. The most efficient means of reducing the inflammation, lie in the internal administration of water. Commence this process by throwing up the rectum a pint or less, at the temperature of 60°; and after waiting a half hour or more, repeat the act. Continue to do so, rapidly reducing the temperature till it shall have *approached* thirty-two degrees.

Sometimes the upper part of the rectum will not permit the water to

pass, and it will be thrown back with violence. Here is a point of life or death to the patient; for the introduction, if not his *only*, is his strongest anchor. Every physician should be provided with a flexible gum tube, which he will cautiously introduce above the point at which the spasm occurs. This being done, the control of the bowels is obtained, and *any quantity*, at a required temperature, may be passed up with ease. Steadily pursued, a large amount may thus be brought in contact with the diseased and suffering portions of the intestines. We now see the propriety of this reduction of temperature. Water thus absorbs caloric, astringes the small arteries and capillaries, is a sedative to the nervous tissue, and consequently quiets the spasm and pain. A very important consideration favorable to this practice arises from the fact of the rapid absorption, by the lymphatics and veins, of the water—the introduction into the circulation of which we might, *a priori*, have inferred, would lessen the inflammatory diathesis. I beg to illustrate.

In 1844, H. L., son of A. L., Esq., of Athol, Mass., fell from a horse, striking his abdomen upon rock. Acute inflammation was the result. His bowels swelled enormously, became excessively tender and painful, with a pulse leaping at the rate of 135 per minute. Other symptoms in violence corresponded with his pulse. The quantity of water taken into the bowels in this case may seem incredible. By estimation it amounted to twenty pints, and could not have been less. It was given at brief intervals, with the happiest results. The patient was relieved, with almost the same speed with which his sickness had been induced.

Let it be understood, however, that this quantity was not retained within the intestinal cavity at once. Less than a moiety had been received when a rapid secretion by the kidneys announced the activity of the absorbents. I could but felicitate my patient on the indication arising from this fact; for I perceived that the battle, though but partially fought, was already won. It is hardly necessary to say that he recovered.

While plying our remedies so vigorously in the manner described, there are other things which must not be neglected. It is highly important to equalize the circulation by the application, if need be, of heat to the lower extremities. Let there be great care in this particular. Thus, also, keep the head cool, and if there be a tendency to congestion, apply ice water liberally.

Another valuable application, under certain circumstances, is the cold sitz bath, where the patient is placed in a tub with water sufficiently deep to cover that part of the body affected, gently rubbing the parts submerged. This bath is mainly superseded, however, by the half sheet and ice water, as already described.

What will meet the *severe* symptoms cannot fail in favorable circumstances. The greater involves the less. Milder symptoms indicate a milder treatment; and this point the practised eye of experience will readily determine. Water, whose temperature ranges from 70 to 85 degrees, will be cold enough.

Permit me to say, Mr. Editor, without being thought egotistic, that my

facilities for testing the principles which I have endeavored to elucidate, have been ample. Whoever reduces them to practice will be not less surprised than delighted with his results. GEO. HOYT, M.D.

Boston, May 10, 1852.

ORIGINALITY OF MRS. WILLARD'S THEORY OF THE CIRCULATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The subjoined letter was written, not with any intention of laying it before the public, but in answer to a physician who had stated to me some views of Sir Benjamin Brodie, and inquired of me in what respect my theory was different. Having taken a copy of the letter, I read it over after the original was sent, and it occurred to me that its publication might be useful. I then made some alterations. I suppress the name of the physician to whom it was addressed, not knowing that he would be willing his name should thus be brought forward; and, in fact, not now publishing what I could call precisely the same letter.

Troy, June 7, 1852.

EMMA WILLARD.

To Dr. ———

SIR,—In every great discovery there has been first a disposition to resist the novelty, as one of those idle innovations which only tend to discredit truth and produce confusion; and the real discoverer has, as a matter of course, to stand undistinguished among such innovators until proof appears that the difference between them, is, that the one party offer a false currency, and the other offers a true. When this becomes a fixed fact, then the discoverer must undergo yet another ordeal. The question being settled that the doctrine taught is true and important, then comes the query whether it is in reality *new*. Not only in its leading principles is the theory now in question the unaided production of my own mind, wrought out step by step with years intervening—but eminent persons of great knowledge have declared it to be original, and its opposers have brought their arguments against it as something before unheard of; so that I think the ground of its being an old hypothesis revived, will scarcely be now taken.

Sir Benjamin Brodie's experiments I have never investigated. I only know of them as I have seen them quoted by other writers. Among those fully *au fait* to the whole subject of animal chemistry, who have pronounced my views original, is Professor Silliman. In a note now before me, dated New Haven, May 27, 1845, he thus writes—"Mrs. Willard's Memoir (on the Motive Powers) is interesting and ingenious, and so far as I know, her views are original."

Dr. Lee wrote against my book on the "Motive Powers," in the New York Medical Journal, Sept., 1846,* and was answered by me the following March. Now, neither he, nor Dr. Edwards of Paris, nor Dr. Comstock of Hartford (in letters produced and answered in my

* Dr. Lee was at that time editor of the Journal, and I have been repeatedly told that the article was from his own pen.

work on the Motive Powers) treated my suggestions as borrowed, or as other than contemptible. They have, therefore, precluded themselves from saying that Sir Benjamin Brodie or any other respectable *savan*, could have previously taught them.

Indeed, before the time of Lavoisier, this theory could not have been taught by any one; for the greatest discovery of that philosopher was, that animal heat is the product of respiration and generated in the lungs; a fact which before his day was not even suspected.*

By the extracts which your obliging letter contains from Sir B. B., it is evident that he never doubted the truth of Harvey's theory, that the heart furnishes the motive power.† He was not considering the question—what is it which moves the blood. He took it for granted that it was the heart; but the question on which he labored, was, what controls the action of the heart; and he answered, respiration and the nervous system. My theory brings in a new, and as I believe, before unthought-of element, and highly important, because it is one whose operations are understood; and causes being understood effects may be controlled. This is a *chemical element*, the power of expansion by caloric—the water of the blood expanding in the lungs whose mean temperature is more than 100° , and (since the lungs act mostly in vacuo, and water in vacuo springs into vapor at 67°) changing a considerable portion of this water into steam. When the temperature goes down, as in cholera, this steam condenses, causing collapse; and thus the arterial channels are found empty at death. The medical journals will not, I hope, still be too proud to publish the results of my experiments on this subject, since cholera is now again threatening the land.

Sir Benjamin Brodie showed a logical mind in concluding that circulation was affected by respiration, though he did not see how; for respiration was the only invariable antecedent to circulation.

As to the nervous system, LIFE resides in that mysterious and charmed circle; and when that ceases, of course every animal function must cease with it. But we must not conclude, that there is no necessity of taking heed to the laws of gravitation, because a living man can, by the powers of life, move lightly about the mass of matter attached to his terrestrial being. Notwithstanding life and the nervous energy, he must heed those laws in order so to manage his balance, that he may move safely. And so must he heed those chemical laws, which his life partly controls, and which partly control his life. One of the most important of these laws, I believe that my theory has developed. For years I maintained it single-handed, and with great suffering and sacrifice. I have spent not only time and feeling, but a considerable amount of money, including the expense of publishing my books, for which I have received no remuneration. But if hereafter it shall be said of me—“she knew that the Almighty had given to her to teach a great truth for

* This conclusion was arrived at by me some time afterwards, but without knowing that it had been previously taught; and I maintained it when it was discarded by others. It thus became in my mind the germ of that theory of the animal heat of respiration producing circulation.

† Dr. Cartwright, Dr. Biester, and others, have of late said unreservedly that I am the first to call in question Harvey's theory.

the good of mankind," it will not then be wondered at, that I pursued my mission with a martyr's zeal; though my best friends thought me foolish, and some even believed me touched, on this subject, with monomania. Under such circumstances, is it to be wondered at that a missive announcing to me that my long agony was over, my theory was demonstrated by new proof, and received where professional reputation, talent and learning would enable its new champion to command attention, overcame for a moment the sensibilities of a woman's nature. That physician, if such he be, who made the detestable pun of "crocodile tears," ought to be ashamed and ask my pardon.

Yours respectfully, EMMA WILLARD.

INTUSSUSCEPTION AND OTHER INTESTINAL IRRITATION CONNECTED WITH HYDROCEPHALUS.

[Communicated for the Boston Medical and Surgical Journal.]

WHILE a resident of Ohio, in 1850. I was requested by the parents of a deceased child to be present at the examination of the body by the attending physician, who was unable previously to come at a satisfactory diagnosis.

This physician, supposing the bowels the location of the cause of death, incised the parietes, and found an invagination along the course of the *ileum* of about five inches in length. Portions of this intestine had been received into itself in the form of a progressive intussusception, and was so thoroughly received that the induration was as great as though the intestine had contained the hardest scybala. The intestines contained small portions of green fæces. Supposing the phenomena grave enough to be fatal to the child, the abdomen was closed, and the examination considered convincing, and concluded. From some reason, however, the surgeon was induced to put the scalpel through the squamous portion of the temporal bone, until reaching the brain, at which point a colorless, limpid fluid issued from the opening.

At Cleveland, in the same State, I was once called upon to examine a child 3 years of age, the patient of another physician, which had died, according to the attendant and counsel, of a complicated malady, consisting of hydrocephalus, intestinal irritation (probably from worms), and a general enervation. I found about three gills of a straw-colored fluid in the ventricles; and on opening the abdomen, the following phenomena obtained. The intestines destitute of fæcal matter, natural in appearance, excepting a portion of the *ileum* of about sixteen inches in length, which contained ascarides. There were two, each about eight inches in length; and where one ended another commenced, stretching along lengthwise the bowel, which at this point was of a dark-red color. I found tubercles in the mesentery, the size of large peas, and consisting of a substance analogous to concrete albumen.* The child was

* The entire appearance of the *primæ viæ* was not conspicuously unnatural, with the exception of the portion of the *ileum*. I believe there was not that acme of healthy look that usually obtains in persons who have died of other and irrelevant disease. They had more the air of the skin and entire exterior of a marasmus patient.

generally emaciated, and the nutritive system was, perhaps, generally abnormal in appearance, and the external signs pointing to a scrofulous diathesis.

At Malden, a few weeks since, I examined the head of a little girl who had died of dropsy. I found considerable water, and also in this case there were signs of *tabes mesentericum*.

I cite these cases, simply for what they evince conclusively, and for what is inferable from circumstantial evidence. Eberle, if I remember rightly, makes the diseased physiology of hydrocephalus consist in an inflammation of the *membrana arachnoides*; and the *cause*, *intestinal irritation*.

Many cases of dropsy of the brain will be found in children between the ages of 6 and 20 months, with ill-shaped and apparently swelled head, small necks, light skin, eyes and hair, and irascibly tempered. I have usually found the alvine dejections of a greenish muco-slimy, or clayey nature, connected with tenesmus, and an entire suspension of all action of the abdominal viscera at the time when the head symptoms exacerbate, unless coercive action be induced, which, according to my observation, has not been supported by successful terminations.

I have designed, above, to make some consecutive statistics concerning my observation upon the conjunction of hydrocephalus, intussusception, mesenteric scrofulosis, and other abdominal disease.

Medford, Mass., June 15, 1852.

CHARLES BELL.

REPLY TO MRS. WILLARD ON THE MOTIVE POWERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I must claim your indulgence for again troubling you. I had no intention, in the outset, of entering into a discussion of the new theory of the Motive Powers. But as Mrs. Willard has attempted to answer my queries, and has also proposed a question which calls for a response, —I trust I may be pardoned for this article, which I hope will be my last on this subject.

The *Socratic* plan of conducting a discussion, is doubtless the best method to perplex and wind up an opponent,—if not also, to bring out new facts; for the most unlearned person can ask questions, which the wisest philosophers cannot answer.

In answer to my first question, viz.: “Where is the motive power in those classes of animals which have no lungs,” &c. Mrs. Willard, as was anticipated, denies the premises. This is a facile way to dispose of a question, and implies, either superior knowledge or skill in the use of sophistry. She says, “there are no animals which have not lungs, or something which answers to lungs.” This then settles the question, and ends the dispute so far as this fact is concerned; for if our premise is false, our conclusion must be erroneous.

That all animals have a system of organs in which oxygenation of the blood takes place, we think no physiologist denies. And this system, we believe, is the *capillary system*. But that it is always *localized* and con-

fined to the *lungs* or *gills*, or *bronchia*, we deny. Men and all other animals "*breathe*," or respire, and *oxygenate*, through the skin and mucous membranes, as well as the lungs. Two functions are performed with the blood,—viz., *oxygenation* and *circulation*; these functions are both *general*, and carried on throughout the entire organization. For one function, one set of organs is required, and for the other, another set, though differing in no essential particular from the first, except in magnitude. They all possess, also, the same properties of contractibility, and elasticity in various degrees, and also of Endosmosis and Exosmosis. From this analogy of anatomical and physical properties, we may infer an analogy of physiological functions. But analogy sometimes fails, and then experiment alone can give the requisite evidence. From this view, however, circulation and oxygenation are reciprocal functions: neither can be performed independent of the other. It by no means follows, because the lungs are the principal seat of oxygenation, that *therefore* they are the seat of the motive, or propelling power of circulation.

From the latitude Mrs. Willard has taken in the use of definitions, assumed premises, false consequences, and other sophisms, we might infer that she supposed the entire vascular system was only a network of lungs, or a complex system of hearts, differing only in *form* from the human heart. She has become involved in a dilemma, to take either horn of which, would be destructive to her theory. It may be stated thus:

1. The chemical force exerted in oxygenation, must be sufficient to drive the "blood all the way round from the lungs, to lungs again," or 2, oxygenation must take place over the entire vascular system. The first proposition, she denies, and to admit the second, reduces her argument *ad absurdum*.

Another difficulty still arises, in proving the chemical process of oxygenation to be the motive power of the circulation. Mrs. W. says, "that only can be a cause, which is an *invariable* antecedent." Cause is always antecedent to effect; but to say that a given effect must always have the same "*invariable*" antecedent cause, is nonsense. And then she does not define what she means by cause, whether *remote* or *proximate*.

Now in oxygenation, the chemical force is exerted before oxygenation occurs; if it were not, oxygenation could not occur at all; this force is the *cause* of oxygenation, and oxygenation its *consequence*. Chemical affinity is the "*antecedent*," and chemical combination the *consequent*.

We see, then, that chemical force is *not* a "motive power," generated by oxygenation, but the latter is the *effect*; the consummated design, of the antecedent chemical force, as its *cause*. It does not follow that because chemical force is the cause of oxygenation, that therefore it is the cause of the circulation; nor does it follow that oxygenation itself is the cause of the circulation. Unless the chemical force ceases to exert its power as soon as the union takes place in the capillaries, it must go with the newly-oxygenated blood and propel it through the whole round of the system; and if this is so, the blood must be constantly so oxygenated as to be in no need of returning to the lungs to be changed again. The fact in the case is that the function of oxy-

genation is finished in the capillaries; and circulation, the other function, taken up and carried on by the larger vessels, and the *heart*, in those animal which have a heart.

Mrs. Willard, as will be seen by her answer to the "Catechism," has already relinquished a moiety of her absurd claim to new scientific territory, and her worthy compeer, Dr. Cartwright, has taken from her the other half; he has persuaded her to let him locate the foetal respiration in the placenta, thus dispensing with the mother's lungs, and placing the contingency of human existence on the very tail-end of organic life. So Mrs. Willard has given us her *heart* (but we regret to say we cannot "reciprocate civilities"), and Dr. Cartwright has wheedled her out of her lungs. What then remains of mortality and her theory, but the glory of (we almost said originating it) writing "a work" on it. After making the lungs the origin and centre of the motive power, and then abolishing the heart altogether, from some animals, she blindly compromises her own faith by admitting that the circulating current is "*regulated*, however, *quickened*, and made pulsative, by the heart's vital and perpetual beat?" She admits, also, the suction or "*drawing force*" of the right ventricle, in propelling the blood through the venous system to the lungs. It may be very well to help herself out of difficulty, on the *suction principle*, where there is a *heart*; but in those beings without hearts, she must again find "motive power" in the lungs.

Now, if the current of blood is "quickened" by the heart's "beat," it must exert *power*, for velocity is always gained at the expense of power. So if increased velocity is admitted, "motive power" in the heart is admitted also. Again, if the current of blood is "regulated" by the heart, then the heart is the *regulator* of the circulatory system; but where is the regulator in those animals which have no hearts? Here Mrs. Willard has very innocently admitted too much, to allow her to maintain her ground upon the lungs alone. It remains, then, for her to discover *how much* of the motive power, the lungs and heart, each, really do exert. When she can settle this question, she will have taught physiologists something *new*. Physiologists have *distributed* motive power—she has *centralized* it, and then again distributed it; so they are both again on the same ground.

Mrs. Willard proposes the profound query, "how does the heart's action circulate the blood in those animals which have no hearts?" The answer to this question could be made at once, by the merest tyro in *logic*. It is plainly this—there are no animals which have not hearts, or "something that answers to" hearts. If this answer is not satisfactory, I must be pardoned if I turn Mrs. Willard over to Berard, Liebig, Magendie or Hall—who, if they think her pretensions worthy of notice, can soon settle her account with science, to the satisfaction of all parties concerned.

She quotes several authorities to prove her untenable positions; to these authorities we object, mainly because they disagree with her; but also, because, in demonstrative physical science, all authorities are useless in *proving* a proposition which cannot be demonstrated by experiment. The authorities we want are original investigators and experi-

menters ; these are the *men*, who, alone, can give the answers to great questions. Not those who compile "physiology for schools," and do up morsels of science in sweetmeats for the multitude to swallow. But we will wind up this fruitless discussion and abandon the inglorious field with a brief

Résumé.—The "*motive power*" is probably all over the organism ; it may receive some impulse from the chemical process of oxygenation, just at the point where it occurs ; but this is not sufficient to propel the great mass of blood through its entire round, against the opposing forces—friction, gravity, cross currents, secretion and excretion, &c. &c. The current doubtless depends upon several different powers—viz., 1, the mechanical or hydraulic action of the heart ; 2, the contractile power of the heart ; 3, contraction of the arteries ; 4, capillary attraction ; 5, pressure of other parts on the vessels ; 6, external atmospheric pressure ; 7, chemical action ; 8, electric or nervous action ; 9, *je ne sais quoi*.

In order to understand this power, we must understand—1, all the anatomical conditions of the organs ; 2, all the physiological conditions ; 3, all the pathological conditions ; 4, all the mechanical conditions ; 5, all the chemical conditions ; 6, all the vital conditions ; 7, all the reciprocal influences of all these conditions combined.

A few of the difficulties in the way of the theory are—1, the chick in ovo ; 2, respiration in the amphibæ ; 3, respiration of the fœtus in utero ; 4, want of synchronism between the pulsation of the hearts of the mother and fœtus ; 5, hypertrophy and other heart diseases ; 6, the fœtus in utero lives for some time after the mother dies ; 7, effects of injury or removal of the medulla oblongata ; 8, effects of mental emotions on the circulation ; and perhaps many others which we cannot think of now.

With a brief allusion to Mrs. Willard's *logic*, we will close. We have shown that in answer to the "Catechism," she has committed the following violations of correct and fair reasoning—1, she has drawn false conclusions from true premises ; 2, correct conclusions from false premises ; 3, begged the question ; 4, shifted her position ; 5, *non causa pro causa* ; 6, she has used self-destructive propositions ; 7, substituted new definitions ; 8, denied facts.

Conclusion.—1. Mrs. Willard has discovered nothing new.

2. What she *has* discovered, she has not proven.

3. She admits the old theory.

M. M. RODGERS, M.D.

Rochester, N. Y., June 14th, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 23, 1852.

History of Fevers.—Men seem to be raised up at certain periods for the accomplishment of particular objects which advance the interests of mankind, as well as for the purpose of scourging humanity. Great mathematicians,

mechanics and philosophers, each in their appropriate sphere, contribute to the substantial progress of the race. As the individual who arms us with weapons to oppose our enemy at a time of imminent danger, is entitled to our gratitude; so the man who points out the true mode of managing any disease, which all past experience shows to be formidable, even in its mildest aspect, confers a great good on society. Who, of the multitude of illustrious medical writers, has yet clearly and satisfactorily explained what fever is? It is old ground, that has been long in the occupancy of contending parties, and there is little use in even naming those who have figured on it, with a view to settling the question, what is fever. One of the last, and perhaps, one of the best, who has had the moral courage to step into the race course for fame, in regard to this hackneyed topic, is Dr. Bartlett. His mind is a clear one, his powers of analysis remarkable, and for honesty of purpose, and indefatigable industry, in the difficult departments of theoretical and practical medicine, he is without a competitor. With these properties, he has fearlessly written *The History, Diagnosis and Treatment of Fevers in the United States*. Messrs. Blanchard & Lea have sent forth a third revised edition, in which the learned author has shown how closely he watches for discoveries from all reliable sources, to enhance the value of this standard work. Without discussing the merits of the volume, which would be of no earthly service, since its claims have been established for years, it may be gratifying to those who may write to order it, to say that there are five hundred and ninety-five royal octavo pages, in excellent type, and on clean paper. Part I. contains 12 chapters on typhoid fever; Part II. 12 chapters on typhus fever; Part III. 12 chapters on periodical fever; and Part IV. also 12 chapters, on yellow fever. In Boston, copies may be procured at Ticknor's, Washington street.

Travelling for Health.—Nothing contributes more to the general advantage of the organic machinery of the body, than occasionally varying the scene in respect to air, water and regimen. Travelling operates most beneficially upon the mind, and all the animal functions are influenced by the condition of the mental operations. Mountain scenery, nature in her wildness, and the fields in the beauty of their cultivation, have each a specific action on the temperament and feelings. However unconscious we may be of the fact, men were designed to travel, inspect and improve the surface of the earth. If they had been perpetually confined to their homes like the domestic animals, no advances would have been made in civilization; commerce would have been unknown, and the globe still unexplored. It is in accordance with our nature, to extend our circle of acquaintance with society and with things, and on the observance of this primitive law depends all progress in art, science, religion and humanity. On this principle, it is conducive to stability of health to travel; and whether one is sick or not, it is by no means necessary to seek an apology for going abroad and admiring the stupendous works of God, or the surprising achievements of man. While we are well we should travel that we may keep so. Those who can, should improve this charming season for the purpose. It is good for the well, and better for invalids of all descriptions. No charity would diffuse equal happiness, nor really prove more beneficial to thousands of feeble, pale, sickly young women, the victims of incessant toil with the needle, who have but a few luxuries and no privileges, than giving them the means of making excursions and breathing the fresh country

air. We should be rejoiced to hear that some benevolent man, whom God has placed as steward over large possessions, had obeyed the command of loving his neighbor as himself in this respect.

Bathing.—Nature indicates the season just arrived as the one when frequent ablutions are conducive to health, by frequently removing from the surface of the skin, the accumulations that result from its functions. We do not approve of living in the water, because it is agreeable in hot weather; and it is quite certain that the practice, in extremely cold weather, of leaping from a warm bed and suddenly extracting all the caloric by cold water, has been ruinous to multitudes of delicately organized ladies. They speak with delight of the reaction of the blood, the after glow; but the demand upon the vital apparatus to bring that about, vitiates the complex machinery of life, after a while, and a debility follows which can only be overcome by abandoning the luxury that produces it.

Female Physicians.—Several female physicians are in excellent practice in Boston, with an increasing business. This fact very much surprises gentlemen. They cannot understand how it is possible for them to receive any encouragement whatever, in a highly cultivated community like this, in which there are hundreds of able physicians in pantaloons; and it is predicted that when the novelty of the thing is over, sensible people will drop them, and return to the legitimate source of medical assistance. We should be inclined to believe so likewise, had not a similar prediction respecting Homœopathic practitioners utterly failed. It was said with an air of authority, years ago, by the wisest among us, that the system adopted by these gentlemen was ephemeral—that no one would be so silly a year hence as to employ them. In the meanwhile, they have increased in numbers, and certainly in public favor, if the annual professional receipts of a few of them, really princely in amount, is any indication. We cannot deny these facts, however sincerely they may be lamented. In a democratic country, the masses act upon suggestions and from impulses, not to be controlled by any other power than public opinion. More than was necessary has been said to warn the world against the impositions of Homœopathy, and therefore the contrary effect has been produced from what was intended. It has put the infinitesimal practitioners into a flourishing condition, because the sympathies of the people have been enlisted in their favor. The same prosperity awaits these female doctresses, mainly in consequence of the opposition which has been made to them.

Northern Consumptives in Southern Climates.—It has been suggested to us, by a medical gentleman who left his northern home last fall for a residence at the South during the winter, that consumptive patients who pass the cold season in a southern climate, should, more generally than they now do, remain there *through the summer*, and return in the fall. This plan, we are informed, has been tried by many invalids, and its benefit has been apparent. They describe the summer there as very tolerable. The suggestion is certainly worthy the consideration of those who are unfortunately obliged to leave their homes on account of tuberculous or cachectic tendencies.

Political Elevation of Physicians.—In the history of the profession in New England, the following facts are worth noticing. The present Governor of Maine is a physician. In N. Hampshire, not only is the Governor a medical practitioner, but the Speaker of the House of Representatives is also one, as well as two of the executive council, besides others in elevated places. The mayors of several cities at the south, also hail from the same working ranks.

Wood's Practice of Medicine.—Since writing a notice of this work, three weeks since, we have had an opportunity to re-examine its general character. It bears close inspection, and gains upon the student the better he understands the author. Among the systems of modern practice, this will take decidedly a high rank, independently of its claims upon us as being a purely American production.

Osteo-Sarcoma of Fore-arm.—Mr. Spence exhibited to the Edinburgh Medico-Chirurgical Society, an arm which he had amputated, on account of a large osteo-sarcomatous tumor of the bones of the fore-arm. The patient, a woman aged 36, had first noticed the growth seven or eight years ago. Four years since she applied to Dr. Cruickshank, of North Berwick, who recognised the nature of the case, and recommended amputation, which the patient declined to submit to. The swelling at that time was limited to the lower end of the ulna, and was about the size of a goose egg. The patient afterwards applied to a bone-setter, and tried a variety of applications, until the tumor gradually attained its present enormous size. Some of the applications gave rise to deep ulceration of, and discharge from, the tumor, and the woman became hectic, and at last anxious for its removal, which was accordingly accomplished; and, with the exception of a large abscess over the chest, the case has gone favorably. The tumor weighed eight pounds, and measured fourteen inches in length; greatest circumference, one foot six inches; smallest circumference, one foot. A portion of the tumour examined with a microscope exhibited a number of cells of different forms, all of them containing a number of nuclei entangled in the fibro-stroma of the tumor.—*Mon. Jour. of Med. Science.*

Poisoning.—Two children, under our observation, have lately been poisoned by eating *banana* fruit drops; supposed to contain fusel oil, the ethereal preparations of which are employed by confectioners. The symptoms were those of cholera morbus, but the cause in both cases was obvious, though only a few of the drops had been eaten.—*N. Y. Med. Gazette and Jour. of Health.*

Lupus cured by enormous quantities of Cod-liver Oil.—L'Union Médicale mentions a case of lupus related in the *Annales de la Société de Médecine de Gand*, in which the ulcerations cicatrized under the influence, or during the administration, of cod-liver oil. The patient was a young man of twenty-three years, residing in the country, and was admitted into the hospital of Ghent on the 6th of December, 1850. The disease had manifested itself in various parts of the face and chest, and was of old standing. After purging and rest, half a pound of oil was given in the day, two equal halves being taken morning and evening; the daily dose was gradually

carried to three pounds, with occasional interruptions when the appetite failed or diarrhœa came on. The patient was in the mean time well fed, had wine and beer, and the ulcerated spots were successively touched with tincture of iodine, lemon-juice, and nitrate of silver. In the space of about seven months the cure was complete, all the lupoid ulcerations, to the number of three or four, were completely cicatrized, and the patient had purchased this result by swallowing, during that period, 265 pounds of cod-liver oil!—*The Lancet*.

Braithwaite's Retrospect.—The following note will explain itself, and is hereby offered to the notice of those concerned.

MR. EDITOR,—Will you please suggest to Messrs. Stringer & Townsend, publishers of Braithwaite's Retrospect, that they would save their subscribers a great deal of time and trouble if they would publish the General Index to the Retrospect on a *separate sheet*, as was formerly done. The indices could then be bound together, and the contents of all the numbers seen at once, instead of consulting some half a dozen different volumes as is required at present. P.

Medical Miscellany.—Smallpox has become very destructive at San Francisco.—Cholera has broken out among the British troops in Burmah, creating very considerable alarm.—This is the appropriate season for using the celebrated Saratoga Empire Spring Water.—Dr. Charles T. Jackson administered ether to a young lion, last week, in order that his sharp nails might be cut off. It took a pound and a half to put the king of beasts into a quiet slumber, when with cutting pliers the sharp curved nails were nipped off.—Dr. Gannet of S. C. has been arrested for sad work in a duel.—Dr. Dupas, of New Orleans, has been sent to prison for one year—having stabbed a man.—A Dr. Andrus, of Springfield, Mass., is under bonds for doing something wrong.—A young physician, Dr. Eugene Auguste Lardunoise, while attempting to jump on a train of burden cars, about two miles from Carlisle, Pa., on Tuesday last, which were running at full speed, fell and had his left arm crushed in a dreadful manner. He died in about four hours after receiving the injury. He was a surgeon in the Lopez expedition—a prisoner with that most ill-fated band, and had just returned to this country from Havana.

TO CORRESPONDENTS.—The following papers have been received, and are on file for publication:—Case of Death by Discharge of Serum from the Lungs; Anæmatosis, its Consequences, Prevention and Treatment; Cases of Miscarriage; Reply to "Strictures" on Strictures of the Urethra.—The documents from Dr. D. have been received, but it is considered that no good would result from their publication. An exposition of the individual who applied for professional assistance to produce criminal abortion would be useless in this Journal, and there appears no proof that the physician applied to, by a mis-directed letter, had any previous knowledge of the case.

MARRIED.—Dr. Louis Barrus, of Virginia, to Miss C. J. Pierce..

Deaths in Boston—for the week ending Saturday noon, June 19, 60.—Males, 26—females, 34. Accidental, 1—inflammation of bowels, 2—consumption, 13—convulsions, 3—debility, 1—diarrhœa, 2—dropsy of brain, 3—erysipelas, 1—typhoid fever, 2—scarlet fever, 6—hooping cough, 1—heart disease, 2—infantile, 3—inflammation of lungs, 3—marasmus, 3—measles, 1—old age, 2—puerperal, 1—rheumatism, 1—scrofula, 1—seald, 1—suicide, 2—teething, 3—thrush, 1—unknown, 1. Under 5 years, 27—between 5 and 20 years, 5—between 20 and 40 years, 14—between 40 and 60 years, 7—over 60 years, 7. Americans, 21; foreigners and children of foreigners, 39. The above includes 4 deaths at the City institutions.

Development of Pus-Corpuscles. To the *Edinburgh Physiological Society*.—Dr. Sanders reported some observations on the corpuscular contents of the vesicles of small-pox. On the 4th day of the eruption, the fluid of the vesicle presented some clear, gray nuclei, about the size of blood-corpuscles, and showing only one or two granules in their interior when acted on by acetic acid. On the 5th and 6th days these corpuscles had increased in size and numbers, and become more granular; the amount of free molecules and granules, at first very scanty, was now greater. On the 6th and 7th days, nucleated cells, spherical, and more or less granular, occurred along with the corpuscles before described; and a few large cells, of the diameter of 4 to 5 blood-discs, and containing several nuclei imbedded in granular matter, were also observed. The corpuscles, however, were the chief elements; they were granular, like the usual pus-corpuscles, and presented under the action of acetic acid, some a triple nucleus, others several granules. From this stage, when the fluid was distinctly purulent in its characters, even to the naked eye, up to the time of scabbing, or 12th day of the eruption, the changes were a gradual increase in the free granular matter, and a diminution in the amount of corpuscles, which at last gave place to the granular matter; which last, along with epithelium cells, dried up to form the scab. The fluid of the vesicles therefore, exhibits a process of cell growth from nuclei to pus-corpuscles, and nucleated cells, which become more and more granular, and break up at last into free granular matter. The so-called pus-corpuscles are a stage in cell formation. Considering the small amount of granular matter, both free and within the corpuscles at the beginning, and its great abundance subsequently, the author was disposed to doubt the formation of these corpuscles and cells by the aggregation of granules subsequently surrounded by a cell-wall, but regarded the granular matter rather as a production of cell growth.—*Monthly Journal of Med. Science.*

Blood Stains.—In concluding the evidence given a short time since at the Marylebone police court, before Mr. Broughton, in the case of William Styles, Dr. Hassall made the following observations, important in a medico-legal point of view, in reference to blood stains:—"That, while the determination, by means of the microscope, of the nature of blood-stains, even when very recent, formed on cloth, linen, and other soft and porous textures, is usually a matter of considerable difficulty, and is often impossible, the determination of such stains, however old, as are placed on glass, porcelain, wood, and other hard and smooth surfaces, is in general unattended with difficulty, and extremely satisfactory. This difference is to be explained thus: in the one case the fibrin, albumen, and serum of the blood are in part absorbed, and pass into the cavities of the hairs or fibres of the wool or linen; the blood corpuscles are thus deprived of their preservative fluids, and shrink up—become misshapen or disintegrated; while, in the other case, the fibrin and albumen harden around the blood-discs in drying, and thus preserve them slightly altered in form only." Dr. Hassall stated that he had frequently succeeded in identifying the blood of different animals, preserved on slips of glass, after the lapse of six years. The stains should be examined in white of egg, and not in water.—*The Lancet.*

A work entitled *Observations in Surgery*, by Benj. Travers, late surgeon of St. Thomas's Hospital, London, has recently been published in that city.

T H E

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ANÆMATOSIS, ITS CONSEQUENCES, PREVENTION AND TREATMENT.

BY GEO. J. ZIEGLER, M.D.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In some recent editorial remarks on the “Treatment of Consumption,” you deprecate the unsuccessful results of medical efforts in the attempt to cure this affection. Yet with all due deference to the opinion of one so much my senior both in knowledge and experience, I respectfully beg leave to entertain a somewhat more hopeful view of the subject than is there presented; being strongly convinced, not only from the natural history of this disease and the recent developments of science and experiments in the art of medicine, but from my own personal experience, that it is more amenable to treatment than is generally believed or imagined. I do not pretend to assert, however, that, after the effects of the true condition and their consequences and concomitants have progressed to such an extent as to destroy the organs essential to the vital processes and their existence, it can be eradicated or corrected. This cannot be effected in any other organic affection, when advanced beyond a certain point, and involving, to a definite degree, some indispensable part of the vital machinery.

Until comparatively recent times, this affection has been considered as of a primary and exclusively local character. But the investigations and disclosures of science have demonstrated its secondary nature, and its general dependencies and complications. Yet, notwithstanding these developments, attention does not appear to be sufficiently directed to the primary condition, but rather too exclusively to its special and ultimate results. This diathesis has been included under the denomination of tuberculosis, though it is very generally employed to designate both the antecedent and consequent, and often separately applied to the general effects, viz., the development and deposition of a peculiar principle denominated tubercle. Thus the attention has been in consequence too partially concentrated on the secondary condition in which this *materies morbi* has been already elaborated, rather than on that on which its production and elimination is primarily dependent, which limited observation seems to have exercised an injurious influence in retarding more effective investigation and advancement. And although it is now almost universally admitted that this

accidental production and abnormal deposit is a mere effect of abortive nutrition, the result of general organic derangement, and that all the subsequent processes of irritation, congestion, hemorrhage, inflammation and softening, and consequent destruction of the adventitious matter and surrounding normal tissue, and ultimately of life itself, are necessarily secondary, tertiary, and quarternary results, being merely links in the same chain of organic derangement, degeneration and destruction, yet this knowledge does not appear to have stimulated research sufficiently to ascertain and determine some more certain and direct method of not only preventing or correcting this primary diathesis or condition, so far as congenital deficiencies and hereditary influences will permit, and thus of averting the secondary results, but also of aiding more efficiently in removing them, or moderating and rectifying their sequelæ when they have become developed or are in full activity.

Generally long before the abnormal development and deposition, and the consequent supervention of this affection, there is a gradual diminution of the vital energies. Associated with, or dependent on, this uniform state of general inanition, there is often derangement of one or more of the principal nutritive or depurative organs, as the stomach, liver, &c. But connected with or independent of this general vital degeneration and special aberration, there is frequently a distinct and positive diminution of the pulmonary functions. Nutrition is thus more directly deranged, and the organic operations rendered still more defective and inefficient, and consequently the metamorphic process for the conversion of the nutrient matter into healthy plasma is arrested or becomes imperfect, and the process does not continue up to that high point of organization essential to normal nutrition; and hence, abortive development.

In fact, it would seem the true source of the primary condition and secondary product is, usually, found in, and dependent on, the defective operations of the respiratory apparatus and degradation of its function, though it may also be the result of the disproportionate activity of the digestive organs. The function of the pulmonary organs to supply the necessary chemical elements from the atmosphere for the perfection of the organic processes, undoubtedly holds an important position in the scale of nutrition. Indeed, it appears to be, and doubtless is, the culminating process in the organization of the crude materials introduced into the system, and the excrementitious matters to be eliminated from the economy, as by the supply of the atmospheric elements they not only furnish the agents necessary for complete animalization, but also to a certain extent those for the constitution and formation of those substances which are found in the blood and excreted by the various depurative organs—the lungs themselves subserving the two purposes of nutritive and depurative organs. It will thus be seen that generally this nutritive aberration and abnormal production is more exclusively dependent on the deprivation of the atmospheric constituents, and where the tuberculous tendency is sufficiently active, results in the production of this peculiar *materies morbi*, which, according to circumstances, is deposited in various parts of the system, but most frequently and abundantly in the lungs.

Space is too limited for an examination of the subject in its numerous ramifications. Our intention for the present is rather to glance at its general features, than its special details, with the object of inviting attention to some means of *preventing* the inception of this condition, and the development and deposition of the resulting morbid matter; it being far better to avert its production, than correct its sequelæ. This imperfect examination of a fundamental part of the subject will suffice for that purpose.

In consequence of the numerous impediments to scientific improvement, the knowledge of physiology, pathology and therapeutics on this point has been, until recently, so limited as to confine the attention almost exclusively to the effects rather than to the cause. But the dark and apparently impenetrable mist which has so long obscured the view, is rapidly passing away, through the influence of the steady illuminating rays of scientific research. The prospect is, in consequence, becoming more distinct, and the knowledge so much the more correct, that closer observation strongly induces the hope that it may not only be retarded or corrected, even where far advanced, but, what is much more desirable, that it may be favorably modified and even averted. Therefore, in continuation of this investigation, we shall, by facts and principles, endeavor to show that not only this, but similar conditions, which have heretofore been considered as beyond the reach of therapeutic influence, are, *cæteris paribus*, as much in its power, and as capable of prevention and correction, as many of those ordinarily esteemed of minor importance.

It having been already demonstrated that the primary condition is dependent on the failure of some link in the great chain of organization or animalization, and that it is usually, if not generally, in consequence of the defective hæmastatic metamorphoses, and that the tuberculous development is a mere result of this primary derangement of a fundamental organic process, it remains now to extend the application of this principle to the elucidation of other obscure pathological points, and thus determine how far the same cause is active in the production of similar derangements.

Strongly analogous to this condition of tuberculosis, are those states or diatheses, the effects of which are known as fatty degeneration, and when extensive, obesity; albuminous condition of the blood, with its excretion, as in albuminuria, or its deposition, giving rise to those anomalous renal affections and complications generally included under the denomination of Bright's disease; the excessive production and evolution of saccharine matter, as in diabetes; &c. Recent investigations not only of a physiological and pathological, but experimental character, fully demonstrate the truthfulness of this view. Yet to sustain it more definitely, I have only to refer to well-known facts bearing on the subject, and the opinions and experiments of the most celebrated men engaged in the investigation of medical science.

The consequences arising from the generation, retention and presence in the system, the conversion and deposition into various tissues, and the expulsion from the economy of the various principles above desig-

nated, are strikingly analogous in numerous respects. Thus when the lungs become inadequate to, or are impeded in the due performance of their function, the liver, having, in consequence, an excess of duty to perform in eliminating the carbo-hydrogenous elements or materials, soon becomes incapable of the increased effort, or derangement more directly ensues, when its own structure is either modified, the general fatty tissue increased, or both are effected, besides the occasional induction of other more occult and ultimate changes. In the second, in consequence of the abortive animalization, the albumen does not become converted into true plasma. Hence it is necessarily thrown on such organs as the kidneys for removal from the body; and as long as they are capable of successfully performing this duty, it is discharged, and the vital equilibrium, so far as it is thus dependent, partially preserved. But after a time their excreting forces fail, or their vessels and tubes become infiltrated with this matter, when similar effects result from its presence and the consequent irritation and degeneration induced, as follow and are effected in the lungs by tubercle, differing, of course, in their character according to the substance, tissue, organ and function implicated. In the last, Bernard has shown that glucose is formed in the liver; and Reynoso, that its presence in the urine may be caused by those agents which will moderate and check the respiratory function—presupposing, of course, in all of these aberrations, that the peculiar or specific diathesis is active, one being more predominant than another according to controlling or modifying circumstances.

Now I am convinced, from the evidence thus afforded, and the careful examination of facts and principles connected with this subject, that all of these conditions and adventitious materials—the first of which is known as Tuberculosis and its production tubercle; by analogy the second may be denominated Adiposis, the result of which is fatty conversion and degeneration; the third Albuminosis, giving rise to albuminous evolution and its consequences; and the fourth, Glucosis, or the undue development, non-conversion and expulsion of sugar—are all dependent most generally and directly on one great cause, and that is inefficient oxygenation and nitrogenization of the blood and the materials about to form, and those resulting from it, or, in other words, defective hæmatisis. Hence this subject resolves itself into the class Anæmatisis and its orders, thus—

Class. ANÆMATISIS.			
Order i.	<i>Tuberculosis.</i>	Order iii.	<i>Albuminosis.</i>
“ ii.	<i>Adiposis.</i>	“ iv.	<i>Glucosis.</i>

There are also other orders of this class, such as Toxicosis, &c., but they will not be specially noticed in this paper, particularly as the subject matter has been before alluded to in former publications.

It is obvious that the failure or deficiency of this principal function, viz., respiration and the consequent defective hæmatisis, must necessarily produce derangement of all the other organs and functions of the economy, and if extended too far or continued too long, rapidly or gradually, directly or indirectly, prove destructive to life action. The re-

sult of a partial and gradual deprivation of atmospheric air is generally, however, so slowly and obscurely manifested as to excite very little if any notice, whilst the phenomena and effects induced by its sudden and complete privation are so striking as to attract immediate and universal attention and excite active efforts to avert its disastrous effects. Still, the effects of the former, though not so apparent, are nevertheless as certainly active, and the most primary aberrations are to be found in the derangement of the functions of the great nutritive and depurative organs as above indicated, viz., the stomach, lungs, liver, kidneys, &c. It requires but a very superficial examination of the functions of these organs, the latter especially, and the elements essential to them, to be able to trace the general effects resulting from the protracted partial privation of the stimulus and elements afforded by the atmospheric influences and constituents, and the metamorphoses induced by and through their agency. The immediate or ultimate effects of this deficiency or deprivation are too generally the modification, and often complete subversion of the vital processes and the development of adventitious matter and their consequences ; of which we have before spoken.

Now frequently when the organism is deranged, it becomes necessary for its preservation to correct such by a resort to the numerous remedial agents so abundantly scattered throughout nature and supplied by art, and if this derangement depends upon a deficiency of those substances necessary to the sustenance of the body, as the ordinary alimentary matter, or of those agents essential to the integrity of the blood, as iron, &c., these are obviously to be and are directly supplied. But in those aberrations dependent on a privation of the elements necessary to the perfection of the principal and concluding nutrient metamorphic processes for complete animalization, this indispensable prerequisite has heretofore been almost if not entirely neglected, or only sufficiently recognized to be chiefly entrusted to the natural powers for their direct appropriation from the atmosphere, though endeavoring in some cases, partially and indirectly, through the influence of certain agents possessing an abundance of, or a great affinity for one of these elements, as the chalybeates, &c., to cause this appropriation. In numerous instances, however, these are very imperfect and inefficient, therefore it is highly necessary that some more direct and certain means for supplying this deficiency should be ascertained and secured. And in this exploratory examination of the elements and materials forming and comprising the earth, and the combinations resulting from their union and modification by art, in search of an agent for this purpose, the attention is more particularly drawn towards, and concentrated upon, those substances having the constituents and properties of the one to be supplied, in this instance the atmosphere itself. But in the prosecution of this design, the search heretofore appears to have been too limited, and the investigations too partial, being misdirected and retarded in consequence of the initiatory assumption that most, and even all, of the salutary influences thus exercised on organic action by the atmosphere, were exclusively dependent on one of its constituents, viz., oxygen, and erroneously conceiving that

its other element, nitrogen, was entirely negative and inactive. Now it is just as essential to the perfection of the organic processes that this latter should also be introduced into the economy, as the former; and when the vital machinery and forces become too much deranged and enfeebled to introduce and appropriate a sufficiency of these elements from the atmosphere, it is absolutely necessary to readily supply and cause such by other means. Fortunately for this purpose, there is an agent which is so analogous to the atmospheric air, in being not only isomeric by containing the same chemical constituents, and isomorphous in having the same physical form and characteristics, but resembling it also still more strikingly in possessing similar physiological properties and influences on the animal economy, that it may be justly considered as its direct analogue. This agent, it need scarcely be said, is the *protoxide of nitrogen*.

In my first publication on this subject, I invited attention to the constitution, properties and similitudes of this agent, and the extensive therapeutic and toxicological applications to which it seemed susceptible, and made the following preliminary observations respecting it—"This gas appears to have been strangely overlooked and neglected by the profession as a remedial agent. It is well known that it is a powerful, rapid and permanent arterial and nervous stimulant, exciting an ecstatic feeling, as if we were elevated many degrees above this life to a higher and more refined degree of organization or existence, divested of all the gross accompaniments of this; and this feeling not being followed by that state of sedation or depression which results from oxygen and other stimulants, having properties much more analogous, and therefore more appropriate, to the atmospheric air, than any other compound of nitrogen and oxygen, or even pure oxygen, or any other known substance."

I then proceeded to prove the truthfulness of these declarations by quotations from the highest authority on the subject, to which I will again briefly refer, particularly as totally opposite properties and applications have recently been, though necessarily unsuccessfully, attributed to and claimed for this agent.

[To be continued.]

FREQUENT MISCARRIAGES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Some months since, I was called to attend a woman, taken with hemorrhage from the uterus. She considered herself to be seven months along in pregnancy. The menses had ceased for that period of time, and she had thought herself attaining a corresponding development in size. Finding the symptoms not urgent, I enjoined quiet, and prescribed astringents with opiates, cold applications, &c., as seemed indicated, and left, to attend upon an obstetric case in the vicinity. In the course of a few hours, I visited her again, and found, that after having a few forcible pains she had thrown off a body, which, upon

examination, proved to be a two months fœtus, enveloped in its membranes, lying upon the placenta. It had every appearance of having been dead for some time. She got up well, and had had no previous inconvenience. I have no doubt that the fœtus had lain five months dead in the uterus.

Cases of abortion and miscarriage have been unusually frequent in this vicinity during the past year. The husband of one lady has come to me twice within the year, stating that his wife was six months advanced in pregnancy, but that now she felt certain the child was dead, and could state the time when it ceased to live. She was having no unpleasant symptoms, but was anxious as to the result. No active interference being deemed advisable, at the end of a week, in each instance, labor pains came on and effected delivery in a few hours. No untoward symptoms followed, the secretion of milk was established, and she nursed a child each time.

There seems to be no other cause for these miscarriages than habit. The year before she had had one, which was attributed to over-exercise combined with some mental anxiety.

Respectfully, &c.

Hadley, Mass., June 18, 1852.

FRANKLIN BONNEY.

IS NITROUS OXIDE ANÆSTHETIC?

[Communicated for the Boston Medical and Surgical Journal.]

DURING the winter of 1847-8, the class of the College of Physicians and Surgeons, New York, was notified that a new anæsthetic was to be administered at the New York Hospital. I went to the Hospital, and heard Dr. Kearney Rodgers present Horace Wells as a gentleman who had just returned from France, where he had been awarded 25,000 francs for being the first discoverer of anæsthesia. I do not remember by whom the award was said to have been made. A number of professors from both colleges were present, as well as many gentlemen from the classes, who will doubtless remember the remarks.

Dr. W., on being introduced, said he had discovered that if the patient took the gas with the impression that he was to lie still and submit to an operation, he would conduct accordingly; and that there would be entire unconsciousness of suffering during the action of the gas. He then administered the protoxide of nitrogen gas to a patient, and Dr. Rodgers performed a blepharoplastic operation for ectropium. The patient was carried out before consciousness returned.

Immediately following, Dr. Rodgers used chloroform in another operation for burn cicatrix, it being the first time he had administered it in the Hospital. Dr. R. remarked that the action of the chloroform was the happiest, from the fact that the blood was less venous, showing a more perfect aëration in the chloroform patient.

The question of priority in the discovery of the anæsthetic use of these articles is one which I do not discuss, as it does not interest me. But as Dr. Wells destroyed himself within a week after I saw him presented at the Hospital, I merely mention this circumstance for the con-

sideration of your correspondent H. A. H., as Dr. W. would undoubtedly have done it for himself had he not, in his devotion to science, experimented with chloroform to his own ruin. He was a noble-looking specimen of a man, and though I saw him but once, I have retained a vivid recollection of the circumstances.

Now did or did not Dr. W.'s patients suffer when under the influence of the gas? If they did, then Dr. Rodgers, who used the knife, and all who were looking on, were mistaken. If not, then Sir H. Davy did not carry his experiments far enough to arrive at the truth.

The assertion that the gas will not produce insensibility, from Sir H. Davy's conclusions, lacks very little in my estimation of being "simply ridiculous." As the writer is pleased to say of Dr. W.'s pretensions, I felt annoyed to find that I had been laboring under so erroneous an impression respecting this property of the article in question, and wish for information.

IRA MANLEY, JR.

Markesan, Marquette Co., Wis., June, 1852.

DEATH CAUSED BY A DISCHARGE OF SERUM FROM THE LUNGS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following remarkable case of death resulting from pulmonary serous hemorrhage occurred during the summer of 1847, soon after which the accompanying article was prepared for publication. From some cause it was laid away with other papers, and therefore has failed of making its appearance until now.

Mr. Smith Bradt, the subject of this article, was an amiable young man of about 20 years of age, son of a respectable farmer living about four miles from this town. He died very suddenly on the 18th August, at 4 o'clock, A.M. His height was six feet three inches, but he was remarkably slim, and possessed a nervous sanguine temperament and feeble constitution. To all appearance the vital forces had been pretty much expended in hastily erecting an elevated structure, without much regard to strength, solidity or durability. Although he was truly a ghost-like looking person, yet he rarely complained of any indisposition whatever—performing his share of labor on the farm up to within four days of his decease, with the exception of two instances, one of which was somewhat over a year prior to his death, when he had an attack of peritonitis, which was not at all severe. He was not confined to his room, and promptly recovered by the use of purgatives, antimony and blisters. About four weeks before his death, he called at my office with a very severe and painful phlegmonous tumor of two days' standing, situated on the inside of one of the wrists. In view of its location and the extreme pain he suffered, I adopted Velpeau's treatment, and laid the tumor open freely. It bled profusely. The suffering was instantly abated, and soon went off entirely. Within a few days he was entirely cured, and he returned to the labors of the field.

Four days before his death the weather was extremely warm, and he labored unusually hard in harvesting. Two days after this, not feeling

well, he did but little, when he gave out entirely and quit work. Still he was not confined to his room, and sat at table as usual, but complained of a "bad cold," sore throat, and some pain in his right side in the region of the fifth and sixth ribs, extending around to the sternum, yet did not cough much. The family thought he was threatened with fever: and on the day before his death he took a dose of calomel, followed with salts, which appeared to give relief. The following evening he sat up as usual until bed-time, but the family noticed that he was more restless than usual, throwing his arms about. Still he did not make any complaint. About midnight his mother was awakened by a strange sound in his chamber. She instantly got up and went to his room, where she found him apparently in a fit, his head thrown far back, struggling for breath, frothing at the mouth, and apparently insensible. He soon, however, came out of this state, was sensible, breathed more easily and sat up in bed. At this time a profuse discharge of frothy fluid took place from his mouth and nose. The fluid at first was nearly colorless, but became slightly tinged with blood. The family were all alarmed, and the neighbors called in a physician. For some reason I did not go, and my partner, Dr. Bradway, obeyed the call; but just as he arrived at the gate the man breathed his last. "The countenance, when I arrived," says Dr. B., "appeared shrunken, and his eyes dim and shrivelled as of one who had died of hemorrhage or some fatal drain upon the system."

During the short period of four hours that transpired from the time his mother went to his bed until he breathed his last, the quantity of serum discharged from his lungs was very great. There were twelve large coarse cotton pillow cases thoroughly saturated with the fluid, besides a large amount that necessarily fell on the bed-clothes and floor, for at times the discharge was truly frightful. He rapidly sank, and died without a struggle or a groan. He took no medicine, except a little dilute vinegar or something of the kind, "to clear out his throat and assist him to breathe."

Dr. B requested a post-mortem examination, which was freely granted, and twenty-nine hours after death, by his assistance, I performed the same. All the viscera of the abdominal cavity appeared quite healthy, except the spleen, which was somewhat enlarged, probably from the influence of malaria. Upon raising the sternum, the lungs did not collapse; they were rather darker than usual, except a portion of the left lung, which on its anterior border appeared perfectly healthy. There was in the cavities occupied by the lungs, some half pint of bloody serum, the most of which was in the right side. The posterior surface of the lungs presented a sodden appearance. Upon cutting into their substance, the same frothy, bloody serum flowed out that was discharged from his mouth. No appearance of tubercles, and no indications of remote or recent inflammation in the cavity of the thorax. The blood in the vessels was unusually dark and solid.

I look upon this case as one of pulmonary congestion, resulting in serous effusion, and caused by malaria. There is no doubt in my mind that the subject died of depletion, as truly as though he had been bled

to death from an artery or vein. Congestion is an essential element in the pathology of miasmatic diseases, and the second link in the chain of morbid organic lesions, preceded by and depending upon a primary destruction of the balance between the forces of assimilation and transformation in the system of nutrition. Re-action is an effort on the part of the system, designed to remove congestion and consume and get rid of the effete matter or transformed tissues by converting them into carbonic acid and water, which can pass out of the system in form of gas and fluid, and thereby relieve the liver and other secreting organs of this unnatural burden. Effusion of both blood and serum from congestion into the bowels, lungs and brain, is not an unusual complication in the malarious diseases of the West. I have seen a large number of fatal cases from effusion into the bowels, and examined post-mortem a number that died from congestion of both brain and bowels, but this is the only one of a fatal nature that has fallen under my observation, in which death occurred from a discharge of the watery portion of the blood through the lungs, and I do not now remember of seeing a case of the kind on record. Still I have no doubt but there have been similar cases, and they may have been published without my knowledge. The fact is almost every day demonstrated, that new *discoveries* and *inventions* are really old and obsolete.

H. HUNT, M.D.

Delavan, Wis., June 10, 1852.

RIVAL CLAIMS TO THE DISCOVERY OF ETHERIZATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The writer in your issue of June 16th, on the "*discovery of etherization*," might have adduced things of infinitely more weight than his bare opinion. For instance, the Legislature of Connecticut, after due investigation, decided that the discovery belongs to Dr. Wells. The Paris physicians have decided that it belongs to Dr. Jackson; while a committee of Congress incline to the claims of Dr. Morton. Here, then, for each claimant, stands high, very high, weighty, and incontestably respectable, as well as impartial authority. To reject the opinion of either of these bodies, so competent, so dignified, so discerning, would seem something like an insult.

Let wealth nor power no truth conceal,
But to the world justice reveal.

And this consists in giving every man his due. Now this cannot possibly be done but by making each party a participant in the reward. And that a liberal one is merited, is indisputable. The illustrious Boerhaave used to say of opium, that it was *the finger of God*. And this discovery, in our view, equals, if not exceeds, the virtues of that unequalled production of nature.

The first time your present correspondent was ever in Boston, was in the year 1817. He brought a letter of introduction to one gentleman on whom he called; and soon after entering his splendid mansion,

word was brought that a married daughter of his, who lived across the street, was seized with such a violent toothache that she could not attend a party to which she was invited. I made known to the wife of my host my remedy in such cases. It was to put a little ether into the palm of the hand and apply it to the cheek of the pained side. Mrs. ——— sent my prescription to her daughter, who tried it, with immediate relief, and was enabled to attend her party.

Sir, do not consider yourself about to hear of a new claimant. I took up my pen purely out of my own sense of what is rightfully due to the three parties above mentioned—due in the sight of heaven and earth, in sight of the world medical and unmedical, professional and unprofessional. Having no connection with either party, direct or indirect, nor even having so much as seen either of them, all I ask, aim at, and desire, is truth and impartial

JUSTICE.

June 25th, 1852.

CASE OF BLIGHTED OVUM.

[Communicated for the Boston Medical and Surgical Journal.]

WAS called April 9th, 1852, to see Mrs. B., aged 25 years; nervous lymphatic temperament, full habit and good constitution, having enjoyed uniformly good health previous to the present difficulty, and has borne two children. She informed me that she became pregnant about the last of July, 1851, and experienced the usual symptoms attending the early periods of pregnancy; such as suppression of menses, nausea, vomiting, &c. The abdomen, she thinks, increased in size about the same as it had done in her previous pregnancies.

Some time in November, as near as she could remember about the middle, she had a fall, which was followed by very great soreness across the abdomen and loins; but was attended with no hemorrhage or pains denoting uterine contractions. She had felt no motion previous to the accident, which must have occurred between the third and fourth months. The soreness gradually subsided, so that she was enabled in the course of two or three weeks to attend to her usual household duties. The uterus slowly enlarged after this, and rose above the pelvis near the umbilicus; but she never felt any motion.

Some three weeks previous to my seeing the patient, she commenced having a dark, offensive, sanguineous discharge from the uterus. This continued unabated up to the time the case first came under my observation. By a vaginal examination I found the os firmly closed, not even admitting the tip of the finger, and of a firm and healthy feeling, except a slight abrasion or ulcer upon the anterior lip. As before described, the uterus reached near the umbilicus, was flaccid and quite tender upon pressure, and yet there was no attending febrile action, the patient only complaining of a constant feeling of lassitude and debility; the countenance rather anæmic; still able to be about the house.

Diagnosis.—If I placed any reliance upon her statement that she became *enceinte* the last of July, and that notwithstanding the accident

which befel her she had had no hemorrhage or pains denoting uterine contraction by which the ovum could have been expelled, I must of necessity come to the conclusion that it still remained in the uterus, and that the injury was sufficient to suspend its further development, and yet not sufficient to cause its expulsion; consequently it had been retained harmlessly enclosed within the membranes, until the discharge began, when undoubtedly the membranes were ruptured, and a decomposition and gradual discharge of the embryo commenced, giving rise to the dark and offensive evacuation before mentioned.

Treatment.—After deciding that the uterus contained a *fœtus* in a putrid decomposing state, of which it was making no effort by natural contractions to rid itself, the question arose in my mind which would be attended with least danger to my patient—to seek by artificial means to dilate the os uteri, and then excite uterine contractions by the use of ergot, or wait the action of *nature*, the *vis medicatrix naturæ*, closely watching the case to guard against every unfavorable indication. I was induced to pursue the latter course by observing how little the system was suffering from the protracted sanguineous discharge. The ulcer upon the os I touched with nitrate of silver, and directed the vagina to be injected with chlorine water several times per day to correct the fetor, volatile liniment to be freely rubbed over the region of the uterus, and advised rest in the horizontal position, and *wait*. I saw the patient from time to time. The sanguineous discharge continued unabated, but became much lighter colored and less offensive, the uterus slowly diminishing in size and becoming firmer and less tender upon pressure; the patient complaining more and more of debility; countenance becoming more and more anæmic; pulse more frequent and smaller; extremities inclining to be cold, and appetite much impaired. I had been for several days thinking of the propriety of abandoning this *expectant* plan of treatment, and resorting to some more active measures to procure the evacuation of the uterine contents, when, April 29th, I was summoned in great haste. I found the patient with strong uterine contractions occurring at frequent intervals, which expelled, in the course of two hours, what appeared to be a fleshy mass of a pyriform shape; in fact, it was a perfect *cast* of the uterine cavity, some five inches in length, and three in its greatest diameter. The mass I found to be hollow, its walls being made up of a placenta-like structure, which was from one to one and a half inches in thickness at the fundus, and gradually becoming thinner towards the apex, which was membranous. The membranous portion was ruptured, through which the discharge had evidently escaped. From the fundus there was a pyramidal, fleshy mass suspended by its base, which nearly filled the cavity. It was soft and friable between the fingers, and of nearly a black color, denoting that decomposition was taking place. It had no appearance of an organized *fœtus*, except its being covered by a smooth membrane, which was also reflected over the interior of the cavity. This undoubtedly was once the *fœtus*, but its further development being suspended by the injury, it degenerated into this anomalous structure.

After the evacuation of the uterus, the patient became speedily convalescent.

The case is of interest to me, by its proving that the placenta may continue its growth and development up to the full period of utero-gestation, even when the fœtus, which it is intended to nourish, is destroyed. The reader will observe that the time of the expulsion of the mass was just nine months after the time fixed upon by the patient as the period of impregnation.

S. MITCHELL, M.D.

Cameron Mills, Steuben Co., N. Y., June, 1852.

THE HEALTH OF LONDON DURING SIX MONTHS.

CONFORMABLY to a plan previously pursued, Dr. Webster read to the Medical Society of London, May 1st, a report in which he stated that the total deaths registered throughout the metropolis during the last half year ending last March were nearly parallel in amount with those recorded during the two similar quarters immediately preceding: the numbers being 28,445 in the former, against 27,954 in the latter period; hence giving an increase of 491 deaths, which difference was, however, entirely confined to the first quarter, an actual diminution of 1019 fatal cases having taken place during the three months terminating on the 27th of March, compared with the same period of 1851, and thereby showing the late season was not insalubrious. This peculiar feature became especially remarkable in the month just quoted, seeing 4787 persons then died throughout the metropolis, whereas during the parallel four weeks of the preceding year, the total mortality amounted to 5478 cases, hence giving a diminution of 691 deaths, or nearly one seventh, notwithstanding the apparently ungenial weather then constantly prevalent. Amongst the diseases which have proved less mortal throughout the recent two quarters, contrasted with the parallel half-year ending in March, 1851, hooping cough assumed a prominent position, 825 deaths having been recorded by that cause, instead of 1205. Measles was fatal in 355 cases, in place of 527. Again, by bronchitis 2472 persons died, against 2534; and by pneumonia 1961 deaths were reported instead of 2190; whilst pleurisy proved fatal to 89 individuals, contradistinguished to 102 during the previous similar period. Further, apoplexy caused death in 625 cases, against 646; paralysis in 593 instances, compared with 656; and lastly, delirium tremens terminated fatally in 62 examples, whereas 68 deaths were thereby recorded during the former season, which constituted satisfactory evidence in reference to greater temperance. The author next alluded to several maladies recently manifesting an uniform rate of mortality, of which hæmorrhage, epilepsy, insanity, gout, stone, diabetes, enteritis and ileus furnished the most marked illustrations, hence showing, however different the constitutions of individuals or the causes of disease may often appear, the actual amount of deaths produced by particular maladies occasionally varies very little amongst the general community resident in London. Subsequently, Dr. Webster discussed at some length those diseases which had exhibited an augmented ratio of deaths. Amongst these, smallpox, scarlatina and erysipelas, all eruptive complaints, as also car-

buncle, received a special notice. By variola 728 persons died recently, instead of 635 in the former parallel half-year. By scarlatina 969 deaths were recorded, against 635, and by erysipelas the number of fatal cases amounted to 236, in place of 168; whilst from carbuncle—hitherto of unfrequent occurrence—26 persons died, instead of only 6 instances during the previous parallel season. It thus appears that smallpox proved unusually severe throughout the whole of last winter, more deaths having been caused by that malignant complaint in London than during any six months of the past twelve years, whereby considerable alarm prevailed in the public mind respecting the protective efficacy of vaccination; but which, Dr. Webster emphatically said, would certainly prevent more effectually the spread of smallpox, were that operation always carefully and properly performed. Consumption, invariably the most deadly disease afflicting mankind throughout this, as many other countries, likewise produced a higher rate of mortality, 3548 deaths by that malady being registered, instead of 3247; thus showing an increase of 301 fatal cases, or 9.27 per cent. Typhus also proved more lethal, 1297 persons having recently died, in place of 1140. By diarrhœa 626 deaths were reported against 539; whilst tabes, peritonitis, hernia, jaundice, and several other complaints, came within the same category. Before concluding this part of his subject, the author especially adverted to the numerous deaths recently occasioned through puerperal fever and child-birth, more females having died than in the former similar half-year; 252 fatal cases by the above causes being enumerated, in contradistinction to 229 previously recorded. Besides these statements, ovarian dropsy was mentioned, from causing death in 26 women, during the past six months, against 17 parallel instances, notwithstanding its often reputed successful treatment by surgical operations. Violent deaths next came under review, by which causes 835 human beings recently perished, in place of 833 during the same six months ending March, 1851; thus giving an increase of 52 fatal cases through various casualties. When this amount is compared with the number stated to have occurred during the two quarters immediately previous—that is, whilst London was enormously crowded by strangers visiting the Great Exhibition—it became exceedingly interesting and instructive to find the aggregate mortality by violence then recorded only amounted to 731 cases, being an actual diminution of 154 deaths, or more than one fifth; thereby proving that the lugubrious anticipations entertained at one time by many well-meaning but mistaken persons respecting the results which that wonderful spectacle might produce upon the health and lives of residents in London, were wholly erroneous. The age of persons who died was subsequently investigated, when it appeared that 12,723 persons died under 15 years, or 44.71 per cent. of the whole mortality; 9571 ranged from that age to 60, being 33.63 per cent.; whilst the remainder or 6050 individuals, had passed the latter period, of whom many were actually 80 and 90 years old, and some even centenarians. Indeed, instances of great longevity amongst the inhabitants of London seemed so numerous, that however extensive its population, and in spite of various causes inimical to health often prevalent, the capital of Britain still

seems one of the most salubrious cities throughout the universe. The author next alluded to the sex of those persons reported to have died recently, of whom the majority were male patients, the respective numbers being 14,411 of that sex, against 13,944 females ; hence indicating the ratio of mortality ranged lowest in the weakest portion of society, although the excess was calculated at about ten and three quarter females for every hundred male persons resident within the metropolitan districts. Another important peculiarity afterwards came under notice, which likewise deserves record—namely, the fact of 11,934 more births than deaths having actually taken place in London, which have made a large augmentation, during the last six months, to its aggregate population, wholly irrespective of any immigration, although that source adds considerably every year to the myriads of human beings congregated together in the modern Babylon of England. The mortality recorded in metropolitan eleemosynary institutions was besides investigated by the author, and he stated that more than one sixth of the entire number, or 16.23 per cent., took place within these establishments, the proportion of male patients being 2627, against 1976 females, thereby making altogether 4603 deaths of both sexes. The fatal cases appeared, however, to be most numerous in workhouses, seeing more than half the total amount, or 2633 persons, died therein, the majority being females, hence indicating such inmates exceeded the other sex in number. At general hospitals, an opposite condition obtained, seeing 804 deaths out of 1227 reported during the last six months were male patients ; whilst not more than 423 fatal cases occurred amongst the females under treatment in the above charitable institutions. Several other important questions connected with the recent sanitary condition of London were investigated by Dr. Webster, which it is impossible to particularize in any abstract of his paper ; nevertheless one increased cause of death, affecting an interesting portion of the great human family, cannot now be overlooked, particularly as its greater frequency of late, compared with former years, shows a large number of lives are annually sacrificed by prevalent fashion, truly deserving condemnation. This remark was warranted by the numerous deaths reported through the “want of breast-milk”—the natural and best food for infants—which amounted to 141 human beings during the last six months ; whereas the total mortality by the same cause did not exceed 107 throughout the parallel two quarters ending in March, 1851. The many grievous evils arising from the common custom of mothers belonging to the lower orders being hired as wet-nurses by members of the middle and upper ranks of society, whereby the offspring of the former become frequently neglected, seem constantly, of late, to augment ; since the deaths ascribed to the “want of breast-milk,” in 1823, amounted to 171 cases ; in 1849, they were 176 ; in 1850, the number reached 180 ; and in 1851, so many as 252 instances were reported,—thus making an excess of 81 fatal results of that description during last year, compared with 1848, or 47.36 per cent. increase. Such serious consequences speak most conclusively respecting the above highly objectionable practice, which therefore ought to be abated, for the sake of suffering innocent humanity.—*London Lancet.*

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JUNE 30, 1852.

Anniversary of the Mass. Medical Society.—From the testimony of those who were at Pittsfield last week, we should judge the members had a delightful meeting. The hills of Berkshire abound with fascinations, and if any gentleman had returned dissatisfied with the trip, it would have been chargeable to a defective taste, and inability to appreciate natural scenery, rural beauty, and the charms of cultivated society. Eleven physicians, only, were present from Boston, out of the large number residing in the city, which was rather a sparse representation. The demands of business constitute a very reasonable apology, since no one would have remained at home who could conveniently have gone.

Cambridge Scientific School.—But a few miles from Boston there is a celebrated institution for making practical chemists, geologists and engineers, and otherwise preparing young men for elevated scientific employments. When its importance becomes more extensively known, as it will be in the course of time, there is reason for believing a hundred students may be matriculated in a single season. Whatever department of science the individual entertains more regard for than another, at Cambridge he may study it under all possible advantages. Books, chemical tests, a perfect laboratory, instruments, and the daily guidance and instruction of learned and accomplished professors, are among the appliances for developing talent, and giving it an appropriate scientific direction. Such students are in demand all over America. Professor Horsford, of this school, has a reputation of being devoted to the advancement of those under his charge.

Berkshire Medical College.—It was a fortunate event for the Berkshire School, when the old edifice was devoured by the flames. The new building is thoroughly modern, convenient, and appropriate in all respects for the purposes of the institution. The location will always ensure a full class, especially while the faculty is distinguished for agreeable manners and professional attainments.

American Journal of Pharmacy.—From a desire to have the merits of this publication properly estimated, we have again referred to it. Without any show or blustering, it quietly comes to hand every quarter, richly freighted with facts that are useful to medical practitioners. Neither romance nor imagination figure on its broad clear pages. Solid information is given, of a character to command respect, and from sources always reliable. Sometimes a heavy article lumbers up the way, but it is the destiny of all serials to sometimes be less interesting than could be wished. As a whole, we regard this Journal with sentiments of more than ordinary esteem. It labors where the profession should be anxious at least to glean the harvest. How a man can be truly a well qualified practitioner of medicine, and not be fa-

miliar with progressive pharmacy, is not understood. New remedies are constantly being discovered, and new properties of old medicines, not the less important on that account, which are duly chronicled in the well stored numbers of this work. We therefore heartily recommend it to the fostering patronage of the brotherhood.

Yellow Fever.—Formerly, with the commencement of the vernal season, the medical combativeness of this country was roused to a high state of activity on the subject of yellow fever. The bone of contention between two parties who kept the ball rolling while they lived, was this: is the yellow fever contagious or not? It has not yet been settled, either by the belligerent parties or by an act of legislation. Individuals, however, have long since settled down upon certain articles of belief, in regard to it, but the welkin no longer rings with the declarations of contagionists and anti-contagionists. While the most intense excitement prevailed, which of course came and went with the scourge that gave rise to the controversy, the people, learned and unlearned, declared for its infectious character, and acted accordingly on the defensive. Even boards of health, made up of persons, ordinarily, who are profoundly ignorant of the laws of health, in most instances decided in favor of precaution, insulation of the sick, and preventive measures. Yellow fever still exists, but more confined than formerly to southern climates. We frequently hear of its dreadful fatality in South America. Occasionally, it bursts out like a devouring flame at N. Orleans. But how stands the question in our day, is yellow fever contagious or not? How is it understood by those conversant with yellow fever literature of forty and fifty years ago? Science has made great strides since Dr. Rush was in the meridian of his influence; and with it all, are we any wiser than that distinguished father in medicine? Some curiosity is entertained to know how the profession generally contemplate the matter. Are there still two opposite schools in existence, or have they both willingly relinquished an unprofitable contest of words.

Invalid Bed Elevator.—At 26 N. Fifth street, East Cambridge, may be found Johnson's apparatus for elevating the sick, applied to common bedsteads, which is a very simple, efficient and useful contrivance.

Multitudes of inventions have from time to time been before the professional public, to accomplish precisely what Johnson's performs. Whatever scheme is contemplated for alleviating the hardships of a sick bed, if it is not a gift, should be placed within the reach of the poor as well as the rich. This present one costs much less than any of the others heretofore offered in the neighborhood, and that circumstance alone is calculated to advance the interest of the patentee. A depot in Boston for the sale of these elevators is essential to success. East Cambridge is no place for a depot. An order might be executed at New York quite as easily, if not as economically.

Philadelphia College of Medicine.—There may be too much of a good thing, says the proverb,—which is verified in a lecture by Dr. Rush Van Dyke, of this institution. It is a great point to know when to close a speech. Some persons find it equally difficult to terminate an essay with the pen.

Introductory to the eleventh session of the College, on the 8th of March last an elaborate discourse was delivered by this gentleman, which the class politely published, in thirty-eight octavo pages! Although abounding in sentiments that are excellent, and therefore always acceptable, it is overloaded. There is too much of it for the occasion for which it was prepared. The beginning is weakened by the end, in consequence of the weariness induced by the whole. With a few additions, an admirable volume would have been contributed. By diminishing it one-half, it would have been a beautiful lecture. This is not said from a feeling of ill-will or unkindness, but because this business of delivering introductions is apt to be overdone by the very men who are otherwise the most competent. On the thirty-first page the author, as though recovering his consciousness of the march of time, exclaims,—“and here I must be brief!”

Manufacture of Pills.—As we are a decidedly pill taking people in the United States, it has long been a subject of no little consideration among manufacturers, how the material could be kept supplied. Ingenious machines have repeatedly been put in requisition, but still the demand has thus far exceeded the ability of the pill-dealers to meet. A mortifying confession this, but no one in his senses would seriously think of disputing the assertion that we are a pill-devouring nation. It is a fact that colossal fortunes have rarely been accumulated in the United States, with any thing but pills! Think of the tons upon tons of Lee's pills, that were taken annually, in the day of their glory. Brandreth overshadowed all his predecessors. His advantage grew out of the happy circumstance for him, that he was a foreigner, which gave immense eclat to the Sing Sing boluses. Moffatt's Life pills exerted a wonderful influence on society. Why, at one period, to be known as no patron of those extraordinary pellets, was enough to debar a person from fashionable society. Then there was an under current of less aristocratic pills, as Dean's, Schaw's, and a hundred more, that answered well enough to physic the yeomanry. The proprietors rarely pocketed more than a hundred thousand dollars a year by them, which shows that they merely catered for vulgar bowels. In short, from the actual receipts that have been realized over and over again, and the unabated appetency still existing for more and stronger, it is evident there is a constant pleasure derived from drastic purgatives. A consideration of all the circumstances, quickened the inventive powers of Mr. Pond, a druggist, of Rutland, Vt., who has produced a combination of metallic rollers, that turn out pills with gratifying rapidity. Simply turn a crank, and out they drop, at the rate of bushels in a day, for aught we know to the contrary. Here is an opportunity for manufacturers to keep in advance of their customers; and by calling on Messrs. Philbrick, Carpenter & Co., 160 Washington street, Boston, they may examine the little steel monster that will turn out pills for the whole world.

Health of the City.—The remarkable degree of health which for some time past has existed in Boston, as manifested by the weekly report of deaths, has been several times alluded to in the Journal. The report for the last week shows a reduced mortality,—43 only being reported as the number of deaths for the week. No report has comprised so small a number since 1845. Exactly the same number occurred during the week ending June 17, of that year. Previous to that time, the same minimum had not

been reached since March, 1847, when 36 was the number for one week. This reduced rate extends to the whole month of June, as the following figures will show. For four weeks in June, 1846, the average weekly mortality was 56.25; June, 1847, 75.5; June, 1848, 61.75; June, 1849, 70.5; June, 1850, 66; June, 1851, 67.75; June, 1852, 55.5. In the last week's report the remarkable facts are also noticeable, that no individual died in the city over 60 years of age, and 22 out of 43 were under 5 years—the average of the whole being about 12 1-2. The reduction seems therefore to have been mainly in the diseases which ordinarily prove fatal to adult life, including the leading one, consumption—and showing conclusively that a more than usual degree of summer heat does not injuriously affect the public health, even in a crowded city like ours.

New President of the Mass. Medical Society.—George Hayward, M.D., of Boston, was elected President of this society, at the late meeting at Pittsfield. In 1853, the society will meet in Boston.

Medical Miscellany.—A resolution was offered at the Homœopathic Convention, lately holden at Syracuse, N. Y., in regard to the expediency of establishing a Homœopathic college.—Cases of death from what is popularly called stroke of the sun, have been frequent of late.—It is stated, but on what authority is not mentioned, that a thousand tons of tobacco are annually chewed and smoked; and twenty tons of human teeth are yearly worn out in chewing it!—There is unusual sickness on the Mississippi river. Cholera is largely on the increase at those places where it has appeared.—Mr. Abbott Lawrence, the United States Minister at the English Court, having stated to the Lords Commissioners of her Majesty's Treasury that two cases have arrived from New York, addressed to him, and containing fossils sent by Dr. John C. Warren, of Boston, U. S., for presentation to the Royal College of Surgeons at London,—their Lordships have given directions to the proper authorities of the revenue to permit their free delivery for the purpose stated.

TO CORRESPONDENTS.—An Account of Further Experiments with a Crocodile, by Dr. Cartwright; and a letter from Professor Horsford on Instruction in Chemistry, have been received.

MARRIED.—Moses R. Greeley, M.D., Surry, to Miss B. R. Pierce.—Dr. T. D. Strong, Westfield, N. Y., to Mrs. L. A. Ainsworth.—Dr. Euclid Borland, of Louisiana, to Miss L. Wilkinson. Charles H. Osgood, M.D., Portland, Me., to Miss A. W. Appleton.

DIED.—In Williamstown, Mass., Dr. Samuel Smith, aged 73.—In Philadelphia, Dr. James B. Rogers, Prof. of Chemistry in the Medical Department of the University of Pennsylvania.—Dr. James B. Wadleigh, of Haverhill, Mass., 82.—In Goshen, Indiana, G. H. Parsons, M.D., 52, formerly of Exeter, N. H.—In Brooklyn, N. Y., Dr. John S. Wiley, of the U. S. Navy, 57.

Deaths in Boston—for the week ending Saturday noon, June 26th, 43.—Males, 27—females, 16. Accidental, 3— inflammation of bowels, 1—consumption, 6—convulsions, 2—dropsy, 2—dropsy of brain, 4—drowned, 2—typhoid fever, 1—scarlet fever, 12—homicide, 1—whooping cough, 1—hip disease, 1—heart disease, 1—infantile, 3—puerperal, 1—scrofula, 1—teething, 1.

Under 5 years, 23—between 5 and 20 years, 6—between 20 and 40 years, 12—between 40 and 60 years, 3—over 60 years, 0. Americans, 12; foreigners and children of foreigners, 31. The above includes 2 deaths at the City institutions.

Medical College of Ohio.—Our readers have been already apprised of the resignation of Dr. John Bell; and more recently, Dr. Mussey has resigned the chair of Surgery. Professor Mussey had, for some time past, contemplated a resignation, and the present year was the period fixed by him for that purpose. His determination to resign grew out of advancing years, and his numerous and pressing engagements. We have not space, at this time, to speak of the character and services of Professor Mussey, but hope, at some future time, to say more of this veteran surgeon. It is gratifying to state that he has been elected Emeritus Professor of Surgery—a distinction justly merited.—*West. Lancet.*

Medical Convention.—The Annual Convention of the Medical and Chirurgical Faculty of Maryland was held at Baltimore city on Wednesday, June 2, in the Chemical Hall of the Washington University. In the evening, Dr. C. C. Cox, of Easton, delivered the annual address before a very large and intelligent audience. The *American* says the address was eloquent and instructive, and was listened to with much interest.

On the Employment of Tracheotomy. By M. TROUSSEAU.—In the present series of papers M. Trousseau relates the cases in which he has most recently performed tracheotomy for croup. Adverting to his experience upon the subject, he states that he has performed this operation altogether 169 times (11 for chronic disease of the larynx, and 158 for croup); and that 43 of these cases, or a little more than a fourth, have recovered. Among his last 18 cases, however, there have been 8 recoveries, or nearly one-half. The results obtained at the *Hopital des Enfants* have not been less satisfactory of late; for of 19 cases operated upon, between January and August, 1851, one-half have recovered, and Mr. Guersant has been as successful in his private practice. M. Trousseau believes that one reason of the greater success in later years is, that now the principles of treatment in these cases are better understood; the children are brought to the hospital in a less exhausted state, their powers not having been lowered by the application of leeches and blisters, heretofore so common. Still more importance, however, does he attach to the modifications he has made in the treatment after he has opened the trachea. Thus, he has discontinued the application of a strong solution of nitrate of silver to the trachea and bronchi, which he used formerly to insist upon. He now, too, employs a double canula, so that the inner one may be taken out and cleaned when necessary, without disturbing the other; and after the wound is dressed he covers all the parts over with a cravat, and thus avoids the expectoration and desiccation of the mucus which occurred when they used to be left exposed.—*L'Union Medicale.* 1851. No. 100.

Statistics of Cancer.—The Professor of Surgery (Mr. Paget) in his first lecture upon Malignant Tumors, at the Royal College of Surgeons, made the startling announcement, that persons operated upon for cancer died, upon an average, thirteen months sooner of their disease than those who were not operated upon. The average was taken from upwards of sixty cases, at the same time omitting all those who died from the immediate effects of the operation.—*Lancet.*

THE

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No. 23.

THE HÆMATOKINETIC OR BLOOD-MOVING POWER,

Generated in the lungs by respiration, proved by insufflation awakening life and motion in the mangled remains of a crocodile after its body had been dissected and its head had been dead half an hour.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

Tchoupitoulas street, New Orleans, May 13, 1852.

EXPERIMENT WITH A CROCODILE.

As this is Dr. Dowler's experiment, and will be fully reported by him, I will not rob it of any interest by going into details of those phenomena, witnessed on the occasion, relating to the particular objects for which the experiment was made. For many years Dr. Dowler has been zealously prosecuting the study of the natural history of the alligator, and has made a great many vivisections of that animal. He appears to be laboring for the general benefit of science, without reference to the establishment of any favorite theory or doctrine; believing that it is better for those, who make experiments and gather facts, to leave to others the lighter task of drawing inferences from them. His observations, however, have been mostly directed to the nervous system. So intensely and for so many years has his great intellect been fascinated by neurological studies, that it seems difficult to entice him to withdraw it to the consideration of the phenomena produced by respiration on the circulation of the blood. It is only very recently that his faith has been shaken in the doctrine, which makes the nervous system the seat of sensation and intelligence; a diffused sensorium having been his favorite predominant idea. Nor has he yet assented to be regarded as a convert to the doctrine announced by Mrs. Willard, that "the chief motive power, which produces the circulation of the blood, is located in the lungs and derived from respiration." Whether the commonly-received theory of the circulation be true or not, or whether an element of power, another imponderable, the fourth in number (or, according to Professor Draper, the sixth, admitting his tithonic and phosphorogenic rays as such), heretofore overlooked, be generated in the lungs, sufficient to propel the blood—or the blood derive from the air inhaled into the respiratory organs, a self-locomotory power, are questions he will no doubt investigate when

he gets through with his observations and experiments on the nervous system. In the mean time, the numerous facts his experimental inquiries have contributed to physiology, will be increased rather than diminished in value by being considered as public property, belonging equally to every member of the profession who chooses to quote them as authority, giving him the credit for the same without compromising him as an advocate of the particular physiological views they may be brought forward to support. The facts, derived from his experiment about to be quoted, are all the better as having been made without any bias in favor of the new theory of the circulation of the blood they are adduced to prove.

The crocodile, the subject of the experiment, measured twenty-one inches around the chest, and was four and a half feet long. Drs. Copes, Ely, Nutt, Coit, McKinley, Reynolds, Weatherly, Benedict, Hale, and myself, were present at the vivisection. Dr. Ely was appointed secretary to write down the phenomena as they occurred at every step of the vivisection, subject to the inspection and approval of all. At 9½, A.M., the cervical cord was divided. An hour afterwards the dorsal vertebræ were cut asunder; the intervening hour being consumed in cutting and lacerating the animal in various parts. A long incision was made along the spine, and the posterior roots of the spinal nerves exposed and experimented on. The sciatic nerves and the brachial plexuses were exposed and cut. The musk glands of the lower jaw (the crocodile having no salivary glands) were cut away. At a quarter past 10 o'clock the head appeared to be *perfectly dead*, and was so reported to the secretary, who entered the facts on the minutes. But before this time an urgent engagement compelled me to leave the dissecting room. But two or three of the gentlemen I left in the room had ever examined into the merits of the new doctrine of the circulation; and only one or two, among the youngest, would have listened with any patience at all to the announcement that a woman had discovered a motive power in the lungs, which had escaped the attention of all the physiologists and anatomists of this and past ages, as far back as the records of medicine as a science extend.

When I returned and looked over the minutes of the secretary, I found that the second crocodile, martyred in the cause of science, had compelled the unbelievers to write that which, if it stood alone, ought to prove to all unprejudiced minds that a motive power *is generated* in the lungs by the process of respiration, sufficient to give motion to the blood, and that a great discovery, of a motor force in the animal economy, another imponderable, hitherto unknown to the scientific world, *has actually been made*. After the secretary had noted down the excision of the musk glands and the laying open of the chest and abdomen, the following important passage in the minutes of the vivisection appears next in order, verbatim et literatim: "*At ten minutes before eleven o'clock, the lungs were artificially inflated, when the heart assumed a more powerful action—the animal exhibited signs of coming to life. The throat dilated, and it attempted to breathe of its own accord, and the head and legs moved.*"

It is unnecessary to dilate on the truth here recorded, witnessed by ten highly respectable and intelligent physicians, who were taken altogether by surprise at the unexpected manifestation of such phenomena. It is proper to say, that after the medical gentlemen retired, Dr. Dowler, as he informed me, renewed the experiment of insufflating without effect, and supposed that the phenomena, which induced the ten physicians to enter on the minutes that the animal was trying to breathe of its own accord, might have been an ocular deception, from regurgitation of air in the process of inflation. But the motions, particularly of the heart and also of the head, reported to have been dead more than half an hour before, could not have been produced by such a cause or by any other cause than the hæmatokinetic power developed in the lungs by the process of inflation. Nor is it to be wondered at that insufflation had no effect after all the blood had been driven from the lungs by the action of the blood-moving power, which the first insufflation had generated therein. The crocodile had been so mangled, skinned and cut to pieces (literally into four distinct pieces, as far as the bones and nerves are concerned), that the lungs could not be supplied with blood after the little contained in the pulmonary arteries had been changed into arterial blood and driven out through the pulmonary veins into the heart by the development of the hæmatokinetic power, brought into play by the first insufflation. It should also be taken into consideration, that Dr. Dowler is most skeptical in regard to all unseen, intangible powers. It was Pyrrhonism, which led him in the first place to test the truth of the alleged nervous power by a train of experimental inquiry. He has no faith in any of those phenomena attributed to Mesmerism, or even patience to listen to the evidences of their existence. The two last experiments, the one at my office on the 6th of May last, and the other at his on the 13th, have shaken his faith in the nervous system, as the prime agent of motion, sensation, intelligence, the will, the passions, &c. He is now left upon a sea of doubt and uncertainty. His strong original intellect works to disadvantage, because neither he nor his countrymen are yet fired with the ambition of breaking the colonial vassalage under which the United States are still held, in all matters pertaining to literature and science. Nor does he see that the time is opportune to hoist the flag of young and independent America, with *Minerva Occidua* at the mast-head (*Dea artium præses*), and to steer boldly from the *ignis fatuus*, which, under the name of philosophy, has so long been deluding and dancing before the eyes of the wise men of Europe; leading those, who see the best and move the fastest, deepest in the mud and mire of error—known to be error and not truth, because a *Proteus*, never the same to son and father—towards those beacon lights held out by Moses and the Prophets, in search of an explanation of the physiological phenomena his experiments have demonstrated cannot be found in the learning of Greece and Rome, nor in any additions or improvements thereto by Great Britain, France, Ireland and Germany, brought down to the present time. Instead of coming on board his barque among his crocodiles (as some of his pseudo friends would leave him to believe), to make war upon him or to rob him of the fruit of his labors, or to carry

him away as a captive, bound to the unwilling service for life of metamorphosing an airy dream, on matters and things the lady dreamer is presumed to know nothing about when awake, into solid, tangible, philosophical truth, I would gladly contribute my mite to make him and his valuable contributions to science, as well known and appreciated in the wide active world, as they already are in the closets of a few speculative philosophers in Europe, who lock up knowledge as the miser locks up gold, instead of applying it to practical and useful purposes, by sending it about doing good. Happy would I be to see him and his whole ship-load of crocodiles introduced into the halls of Princeton and Andover, and to witness the astonishment of the learned professors and the young students of divinity when he made these Pharaohs, once of Egypt but now of the Delta of the Mississippi, discourse to them in good Hebrew, and explain many obscure passages in the sacred writings, which theologians themselves never had sufficient faith fully to believe, but are nevertheless strictly and philosophically true. Such, for instance, as—“*the blood is the life of the flesh*”—“*life*,” in its full, broad, literal and scriptural sense—consisting of motion, sensation and animal intelligence. How pleased would Mrs. Willard be, if he would let her accompany him, to see a crocodile brought to life by insufflation, and to hear it tell the assembled divines, that atmospheric air, introduced into the lungs, is, as the scripture says it is, “*the breath of life*,” and that the breath gives motion, that is, *life*, by generating the very motive power in the lungs *she said it did*. But lest neither the crocodile nor the authority of Moses be sufficient to induce the skeptical theologians, particularly that portion of them who have come into the possession of the so-called worldly wisdom, the science of physiology (always a Proteus, and always false to the preceding generation), to believe in the possibility that such a fluid substance as the blood can possess life, sense and motion, the learned professor of chemistry in the University of Louisiana, Dr. J. L. Riddell, with his celebrated new and powerful microscope, should be of the party, and demonstrate to the divines of little faith and much physiology, the truth of a very important discovery he has just made, “*that blood corpuscles contain nucleoli as well as nuclei, and are highly-organized cellular bodies*.” If this revelation of one of the best microscopes in the world be taken into consideration, then the physiological doctrine, that Moses taught 3520 years ago, thought to be so improbable, if not impossible, that “*the blood is the life*,” and “*the flesh derives its life therefrom*,” is not only possible, but plausible; and Dr. Dowler’s vivisections, when properly considered, prove it to be *the only true doctrine extant*. In justice to the present and future generations, if not to Moses, these proofs of the truth of the physiological portion of the doctrine he taught, ought to be entered in the next edition of Henry’s & Clark’s Commentaries. Seeing that the blood consists of highly (the very highest, says Riddell) organized cellular bodies, it should no longer be a matter of wonder, that atmospheric air inhaled into the lungs, in giving those curiously-organized corpuscles *life*, should also give them motion, as announced by Mrs. Willard. Because life, in the Hebrew sense of the term, necessarily implies motion. Yet such is the

tyranny of preconceived ideas, and such the force of education, it is most difficult for those, who have studied books more than nature, to conceive, by means of such second-hand kind of knowledge, the possibility of a motive power, sufficient to propel the blood, being generated and located in the lungs, seeing that the lungs are not fitted by their mechanism for mechanical propulsion. The error lies in limiting nature to two classes of motive powers, the one from mechanical and the other from chemical agency. Nature is not thus limited. There are many motive powers, active and powerful, which spring neither from the shop nor the laboratory. It is time wasted to look into mechanical contrivances or chemical actions to hunt up explanations of an established order of sequence when once discovered and its laws ascertained. It is sufficient to know that a motive power *is generated* when oxygen meets the blood, whether in the lungs of the higher animals; the branchiæ of fishes and molusks; the trachiæ of insects; the celia of the radiata; the fine hairs or the wheels of the rotifera; the radiant coronant of the tubularia magnifica; the pores of zoophites; the sacciform membrane including the albumen of the egg; the chorion and amnion of the ovum; or the *placenta of the fetus*. I have called the motor force, thus generated, the hæmatokinetic or blood-moving power, merely to express a physiological truth, without involving that truth in the mysticisms of any mechanical, chemical, or any other theory whatever. Its entire unison with the scriptures I do not offer in its support, because truth, whether revealed in the Bible or extorted from nature by observation and experiment, ought to be able to support itself. But rather than be driven from the field of science unheard, as the advocate of some wild dream, some woman's dream, not worth a moment's attention, I have a perfect right to look into the structure of the languages of the nations of the East and into the doctrines taught in their sacred books, for evidences that the folly I am accused of advocating was regarded as sacred truth by the innumerable hosts of Israel, and taught as such by Moses and the Prophets, Paul and the Apostles. Truth should not be rejected, if it does not explain every truth. Nor should the hæmatokinetic or blood-moving power be rejected, because it does not explain the cause which gives motion to the venous blood, the lymph, chyle and the portal circulation. Let the lovers of science wait in patience for further revelations from the sacred crocodile, now luxuriating in the lakes, lagoons, bayous and prairies tremblantes of lower Louisiana, for more light on these dark questions of physiology.

DR. ZEIGLER ON ANÆMATOSIS.

[Concluded from page 434.]

SIR HUMPHREY DAVY makes the following observations in relation to the peculiar properties of protoxide of nitrogen, the permanency of its effects, and its characteristic difference from all other stimulants.

"Though, except in one instance, when indeed the gas was impure, I had experienced no decisive exhaustion after excitement from nitrous

oxide, yet still I was far from being satisfied that it was unanalogous to stimulants in general.

"It occurred to me, that supposing nitrous oxide to be a stimulant of the common class, it would follow that the debility produced in consequence of excessive stimulation by a known agent, ought to be increased after excitement from nitrous oxide."

To satisfactorily determine this, he made an experiment at 4, P.M., which consisted in drinking rapidly "large draughts of wine," the aggregate of which, though small in quantity, yet in consequence of his ordinary temperate habits, soon produced the usual state of stupefaction and insensibility. "In this situation," he observes, "I must have remained for two hours and a half. I was awakened by headache and painful nausea. The nausea continued even after the contents of the stomach had been ejected. The pain in the head every minute increased. I was neither feverish nor thirsty; my bodily and mental debility was excessive, and the pulse feeble and quick.

"In this state I breathed for near a minute and a half five quarts of gas, which was brought to me by the operator for nitrous oxide; but as it produced no sensations whatever, and apparently rather increased my debility, I am almost convinced that it was, from some accident, either common air or very impure nitrous oxide.

"Immediately after this, I respired *twelve (12) quarts of oxygen* for near four minutes. It produced no alteration in my sensations at the time; but immediately after, I imagined that I was a little exhilarated.

"The headache and debility, still, however, continuing with violence, I examined some nitrous oxide which had been prepared in the morning, and finding it very pure, respired seven quarts of it for two minutes and a half.

"I was unconscious of headache after the third inspiration; the usual pleasurable thrilling was produced, voluntary power was destroyed, and vivid ideas rapidly passed through my mind; I made strides across the room, and continued for some minutes much exhilarated. Immediately after this exhilaration had disappeared, I felt a slight return of the headache; it was connected with transient nausea. After two minutes, when a small quantity of acid wine had been thrown from the stomach, both the nausea and headache disappeared; but languor and depression, not very different in degree from those existing before the experiment, succeeded. They gradually went off before bed-time. I slept sound the whole of the night, except for a few minutes, during which I was kept awake by a trifling headache. In the morning I had no longer any debility. No headache or giddiness came on after I had arisen, and my appetite was very great.

"This experiment," he remarks, "proved that debility from intoxication was not increased by excitement from nitrous oxide. The headache and depression, it is probable, would have continued longer if it had not been administered. Is it not likely that the slight nausea following the effects of the gas was produced by new excitability given to the stomach?"

Finally, to more positively ascertain the characteristic properties of this

agent, he determined to institute a decisive experiment, as seen by the following—"To ascertain, with certainty, whether the most extensive action of nitrous oxide compatible with life was capable of producing debility, I resolved to breathe the gas in such quantities as to produce excitement equal in duration and superior in intensity to that occasioned by high intoxication from opium or alcohol."

In the execution of this project, he "was enclosed in an air-tight breathing box," into which twenty quarts of the nitrous oxide were thrown at one time, and repeated until eighty (80) quarts had thus been gradually introduced. The usual exhilarant effects were rapidly and powerfully induced, a description of which he gives in full. He remained in the box one hour and a quarter, and he continues—"The moment after I came out, I began to respire twenty quarts of unmingled nitrous oxide. A thrilling, extending from the chest to the extremities, was almost immediately produced. I felt a sense of tangible extension, highly pleasurable, in every limb; my visible impressions were dazzling, and apparently magnified. I heard distinctly every sound in the room, and was perfectly aware of my situation. By degrees, as the pleasurable sensations increased, I lost all connection with external things; trains of vivid, visible images rapidly passed through my mind, and were connected with words in such a manner as to produce perceptions perfectly novel. I existed in a world of newly-connected and newly-modified ideas. I theorized—I imagined that I made discoveries. * * * My emotions were enthusiastic and sublime; and for a minute I walked round the room, perfectly regardless of what was said to me. As I recovered my former state of mind, I felt an inclination to communicate the discoveries I had made during the experiment. I endeavored to recall the ideas; they were feeble and indistinct. One collection of terms, however, presented itself; and with the most intense belief and prophetic manner I exclaimed to Dr. Kinglake, '*Nothing exists but thought!—the universe is composed of impressions, ideas, pleasures and pains!*' Not more than half the nitrous oxide was consumed. After a minute, before the thrilling of the extremities had disappeared, I breathed the remainder. Similar sensations were again produced. I was quickly thrown into the pleasurable trance, and continued in it longer than before. For many minutes after the experiment, I experienced the thrilling in the extremities; the exhilaration continued nearly two hours. For a much longer time I experienced the mild enjoyment, before described, connected with indolence. *No depression or feebleness followed.* I ate my dinner with great appetite, and found myself lively and disposed to action immediately after. I passed the evening in executing experiments. At night, I found myself unusually cheerful and active; and the hours between 11 and 2 were spent in copying the foregoing detail from the common-place book, and in arranging the experiments. In bed I enjoyed profound repose. When I awoke next morning, it was with a sense of pleasurable existence, and this consciousness continued more or less through the day."

It will be observed that *one hundred (100) quarts* of the nitrous oxide were used in this experiment, and yet, notwithstanding the exces-

sive excitement thus produced, there was no subsequent depression, which is the invariable result of undue stimulation from all other known agents. His personal experience is also fully sustained by others who inhaled this gas, but for the record of which, it will be sufficient to refer to his work on the subject.

After the proof thus afforded of the powerful and unique physiological properties of this agent, I proceeded to designate some of the numerous derangements and conditions in the treatment of which it seemed peculiarly appropriate, and in conclusion made the subjoined general remarks respecting its applications. "Its use would also be indicated in all cases of debility or adynamia dependent on deficiency of oxygen in the blood, and also in those cases in which there was a tendency to degeneration or separation of its components, and in those diseases or conditions in which exciting active chemical, arterial or other action, would subvert abnormal tendencies or actions. To sum up, it may be used, first, to supply oxygen to the blood, where there is a deficiency or privation; secondly, as an arterial, cerebral, and nervous stimulant; and thirdly, as an alterative, and would be applicable in all cases calling for these indications, there being no complications contra-indicating its use."

Since I have been able to procure the nitrous oxide in the convenient form of the surcharged liquid, I have verified, so far as I have had an opportunity, the correctness of the views thus advanced, and in consequence am more and more fully impressed with its highly valuable properties and consequent importance as a therapeutic and toxicological agent.

To demonstrate, however, more conclusively its value and salutary influences, I will mention some of the cases and conditions in which I have found it so highly beneficial. Thus as a tonic it has proved useful in cases of both moderate and great debility. In chronic bronchitis, as before stated, it not only relieves the oppression, cough, &c., but seemingly greatly modifies and resolves the abnormal state of the tissues of which they are a consequence, and in some instances proving directly curative, also promoting more efficiently the correction of the local condition by its additional general tonic effects. In phthisis it has also exercised a very beneficial influence. As a preventive of this destructive affection, and as a moderator of some of its effects, it will doubtless always prove useful, being applicable in all stages except when complicated with high inflammation, &c. In the more advanced cases, however, in which there is an existing vomica, it should be used more cautiously than at first, and only sufficiently to furnish the atmospheric deficiencies. With regard to its modification and correction of the tuberculous diathesis, or incipient condition which gives rise to the development of this adventitious matter, I have very good evidence in several cases, exhibiting strongly a disposition to this abnormal production, and even indications of its action in some, several of which have had hæmorrhage and almost all possess hereditary tendencies. The general strength and health are thus rapidly improved, and its use usually soon produces a richness of color peculiar to a due arterIALIZATION of the blood.

The following from a medical friend who has been personally afflicted with pulmonary derangement, for which he has been for some time steadily using the usual medical and hygienic measures, will afford additional evidence of the favorable effects of this agent.

"In using half a bottle ($\frac{1}{2}$ ivss.) of the nitrous oxide water twice a-day, the first effect after each dose, from half an hour to an hour, was dulness of the mind, which was probably occasioned by the saccharine matter of the syrup in the water producing derangement of the stomach. When a whole bottle" (equal to $\frac{1}{2}$ ix. containing about five times the volume of gas) "was taken at once, there was no sensation of dulness or sluggishness followed, but a gently pleasant degree of exhilaration was soon experienced, which continued for some hours.

"The secondary effects appeared to be an even flow of slightly elevated spirits, with augmented mental and physical energy. This state continued while the article was taken, and remained for two or three days after its use was suspended.

"The kidneys seemed to be stimulated to increased action; as at times there was more than double the quantity of urine passed, even when the skin was noticed to have been of the ordinary temperature.

"During the time of taking the contents of the first half dozen bottles (one per diem), a cough which had been troublesome for eighteen months, from chronic pulmonary affection, for which cod-liver oil and most of the hygienic measures had been employed, with the effect of mitigating, though not of completely arresting it, was suspended almost entirely for three or four days. It returned, however, on the reception of a cold; and the next half dozen appeared in consequence to have no influence upon it, but after the subsidence of the irritation from the cold, the cough again almost disappeared while using the water. This effect of the water on the cough was not even thought of by me when its use was commenced."

It should be known that during its use in this instance all of the other medicinal measures were suspended; and though this remedy is of very general application, it is not pretended that in such conditions it will of itself be entirely adequate to the cure, but with the other appropriate measures will form a valuable and salutary adjuvant.

Physiologically it frequently acts as a powerful and decided diuretic, exciting free and copious secretion, and consequent increased and frequent desire for micturition. In the application of this property to a case of anasarca, in which the fluid was so abundantly extravasated into the cellular tissue as to freely distend the whole tegumentary surface of the body even to the almost complete closure of the eyes, its use was followed by the happiest effects. This condition occurred in the person of a lady aged 58, it being unconnected with cardiac or renal complication, but dependent on pulmonary obstruction from apparently a chronic modification of the parenchyma of the lungs, induced by repeated attacks of catarrh, attended with a troublesome cough and connected with a general adynamic state of system. The indications calling for a remedy possessing such properties, it was accordingly administered, and operated very efficiently, not only as a diuretic, but as a

cathartic, tonic and resolvent, speedily relieving the patient by frequent and profuse diuresis, also apparently increasing biliary secretion, and thus exciting activity of the intestinal canal with regular alvine evacuations, mitigating the cough and distress of breathing, correcting in some degree the pulmonary derangement, and at the same time, materially improving the general vital energies. These results followed the use of about f ʒ xxiv. of the nitrous oxide water, which were taken at intervals of less than one week, and during its continuance all the above-mentioned beneficial effects were induced, having from the first commenced and been continuous with its employment, and depending on its influence. There remaining still some cough, indicative of the persistence of the primary condition, it was continued, and before the contents of three additional bottles of this liquid (equal to f ʒ xxvij.) were taken, all the symptoms disappeared, there being at the same time great and decided improvement of the physical and mental energies. At this time, after the lapse of several months, this lady still continues well, there having been no disposition to a return of the affection.

In a case of chronic irritation of the bladder, it acted very beneficially and promptly, in almost immediately relieving the constant pain and uneasiness, and correcting the consequent continuous desire for micturition, and in a short time seemingly proved curative. Also in another case much more severe, in the unsuccessful treatment of which a medical gentleman informed me he had almost exhausted the *materia medica* in endeavoring to obtain relief for his patient, the nitrous oxide water acted with the greatest promptitude in not only facilitating the evacuation of the renal fluid, but in relieving the pain always connected with such efforts, and that under its influence the case was rapidly improving. In still another case somewhat similar to the first, it also acted very efficiently in promoting the function and affording relief.

These facts point out a peculiarity which I believe has not heretofore been noticed, viz., that there are two distinct causes for the existence of irritation and pain in any organic tissue. The first is that instinctive desire for the proper elements necessary for the healthy performance of its functions; and, the second, that directly dependent on the organic derangement. In the first, where this desire is not satisfied, like hunger or thirst, it becomes exaggerated until it amounts to irritation and exalted sensibility, and the consequences are, spasmodic action, exciting cough, stranguery, &c. and pain. By supplying the deficient elements or materials, however, this source of derangement is removed and its consequences disappear. This fact seems to be of great practical importance in the treatment of diseases generally, as there is very little doubt that such deficiencies exercise a great influence in still further destroying the vital equilibrium and increasing the intensity of diseased action when already too violent. Thus, for instance, suppose there is general derangement of the secretory apparatus, it can readily be understood what a powerful additional source of mischief is thus superadded, or rather very frequently it is by this primary functional disturbance that the organic derangement ensues; while, on the other hand, evidence is being constantly presented

of the beneficial influence in mitigating diseased action by the mere promotion of the function of this apparatus.

As an oxygenating agent it seems to be highly efficient, and especially applicable in all cases depending on the privation of this agent ; but, as before stated, it not only supplies the elements for the healthy function of the lungs, but also for the other great depurative organs, as the liver, kidneys, &c. ; the latter more especially, and the results obtained from its practical application demonstrate the correctness of this.

In consideration of these facts and principles, I confidently predict that in numerous instances this remedy will not only prevent and correct many of those primary conditions upon which the numerous functional and organic aberrations and their adventitious productions depend, but will also materially promote their removal after being developed. It will also promote the ultimate cure of the general condition of which they are a consequence, and in addition to which they are such a powerful source of injury and destruction, particularly those more especially noticed in this paper, viz.—tuberculosis and its consequences ; albuminosis and its sequelæ ; adiposis and its concomitants ; and, still more certainly, glucosis and its resultants. I infer this, not only from the direct proof before given of the dependence of this latter condition on defective hæmotosis, but from the additional evidence furnished by the practical influence of its ordinary treatment, it being notorious that no other class of agents has been so efficient in the amelioration of this peculiar affection, as those substances, especially alimentary, containing nitrogen, which element is absolutely essential for the production of the normal constituents of the renal secretion, though a different explanation has usually been assigned for the favorable influences thus exercised. It is not, however, contended that the exclusive introduction of this one element will prove of itself curative, but it is by the combined stimulus and influence of the two constituents of this gas in producing the various metamorphoses incidental and necessary to the functions of all the organs and general vital action, that such remedial results are effected. Therefore, *a priori*, it would seem as if this agent was peculiarly indicated and applicable in the treatment of this particular, and all analogous affections.

Its free and prolonged use is, however, not always desirable or admissible, as I have observed emaciation from the undue acceleration of the normal assimilative and depurative functions, and the consequent increased consumption thus induced. Yet it may prove practically useful in those cases in which deposited matter is required to be absorbed, as effused coagulable lymph, &c., and I believe in this way it will act advantageously in the removal of tuberculous and other morbid deposits, while at the same time it is promoting the healthy organic processes, the induced action and influence being strictly in accordance with the organic laws for the removal of such extravasated and deposited matter ; and therefore, in consequence of the peculiarity of its action it is preferable to such remedies as mercury, iodide of potassium, &c., to which it may thus become, to a certain degree and in proper cases, a substitute.

This agent will doubtless, also, prove highly efficacious in many cases depending on the failure of the more strictly nervous and cerebral func-

tions, such as mental despondency, hypochondriasis, dementia, paralysis, &c. In fact its beneficial influence in some of these derangements has long been known. Indeed, it is applicable in numerous instances, not only for the immediate influence in disease requiring direct medication, but in those depressed states or conditions of the economy in which the vital energies flag, and the organic processes are slightly disturbed or impeded, and which the vis medicatrix would readily correct or overcome through the moderate assistance of the stimulus and elements afforded by such an agent.

It will thus be seen that the results obtained from the practical application of this remedy sustain the views which I have heretofore advanced and advocated on the subject, proving that its valuable properties do not depend exclusively upon one quality or element, but upon the general combination, as it acts not only by its excitant influence through its arterial, nervous and cerebral stimulus, but also by supplying to the blood those elements, oxygen and nitrogen, essential to its integrity, and the promotion and continuation of the various organic metamorphoses necessary to the due performance of the functions of all the organs, whether nutritive, depurative or otherwise, some more directly than others, the concatenation of all, however, being requisite to the ultimate perfection and health of the organism. Hence it is better than any other known agent, capable of supplying the deficiencies of its great prototype, the atmospheric air, so far as an artificial product can compensate for the deficiencies of, or be substituted for, a natural one. Thus, by its superior, peculiar, and characteristic combination of properties, the nitrous oxide will, it is believed, subserve more efficiently and positively many of those purposes which are now so partially and imperfectly secured, or are quite impracticable by the present indirect, complex and too often ineffectual means.

Philadelphia, June 12, 1852.

DEATH FROM CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following is a case of death from chloroform which occurred in the practice of a highly respectable physician of this city, drawn up by himself.

“Mrs. Emily Norton, aged 24, of nervous temperament, light complexion, light hair, light blue eyes, and of scrofulous diathesis, in her usual but feeble health, having suffered much for a year and a half from ulceration of the jaw, by a diseased tooth, commonly called tooth-evil, died April 9th, 1852, under the following circumstances :

Mrs. Norton had taken chloroform Feb. 17th, 1851, for the extraction of the tooth that caused her suffering ; and though at that time it was thought to be all out, yet it proved otherwise, and she was not relieved. Friday, April 9th, 1852, with the knowledge of her husband and friends, in the house of her brother in New Haven, at 20 minutes past 3, P.M., she began to inhale chloroform gradually from a sponge (when moist-

ened of the size of a butternut), held about two inches from the nostrils. The sponge was moistened three times, and brought nearer by degrees. About a drachm of the liquid was used, not more than a fourth part as much as she had taken from the same physician a year before. She continued cheerful, remarking, 'she did not feel it,' 'should need more,' &c.; her pulse and respiration both regular, for about ten or fifteen minutes from her beginning to inhale the chloroform. Then, suddenly, the pulse became first irregular, then feeble, and in a few moments ceased wholly; the sponge was instantly removed on the change being perceived. Her respiration now was at longer intervals than natural, and laborious, and no action of the heart could be perceived by the ear applied to the chest. Her posture at first was half recumbent in a large easy chair inclined back. She was now immediately laid upon the floor, and by fanning in her face respiration resumed its easy and natural intervals for fifteen or twenty times; but no action of the heart could be perceived during these respirations. Artificial respiration was continued for half an hour; and counter-irritation, cold water, camphor, &c., applied to the face and nostrils, and stimulating injections were used, but all to no purpose; no signs of life appeared.

"Autopsy held twenty-four hours after death. Rigor mortis strong. *Thorax*.—Right lung fully engorged, and containing an unusual quantity of mucus in the bronchi, but otherwise healthy throughout. Left lung rather less turgid. Pericardium containing a small quantity of serum—about two drachms. Heart, rather small and flaccid; about $\frac{3}{4}$ ss. of fluid blood in the right ventricle. Left side empty. Copious discharge of liquid blood from the pulmonary veins on their being incised. The heart perfectly normal, with the exceptions already mentioned. Aorta filled with fluid blood. *Abdomen*.—Liver, no appearance of disease. Stomach perfectly healthy, containing a small quantity of imperfect chyme, and somewhat distended with air (perhaps the result of the attempt to inflate the lungs). Intestines, nothing remarkable. The other viscera of the abdomen were not examined. *Encephalon*.—Large quantity of dark-colored but quite fluid blood in the sinuses of the dura mater. External cerebral vessels not remarkably turgid. Centrum ovale, rather thickly studded with the punctæ vasculosæ. Ventricles, nothing remarkable. No coagula were found in any part of the body."

In the preceding case, chloroform was employed for a common purpose, and seems to have been used with at least ordinary prudence; and yet, the effect was disastrous. Cases of the kind have become somewhat common. It may be regarded as *proved* that chloroform, as an anæsthetic agent, is not only a powerful one, but is to some extent an uncertain and unmanageable remedy. To my mind it seems clear that the article should not be used for common purposes. If employed at all, it should be reserved for grave occasions of rare occurrence. But it will be said (as it has been) that its dangerous effects arise from its improper or incautious use. I admit that the manner of using it has an important bearing on the safety of the patient, but deny that the fault is always in him who administers it. The agent itself is not en-

tirely trustworthy. No experience and no precautions will in every instance enable one to anticipate its effects. Death sometimes comes on abruptly without being preceded by the usual change in the respiration, pulse, eye, or muscular symptoms, even when it has been administered with more than the customary care. But suppose it were a safe remedy in the hands of a few of eminent skill and rare experience, the objections to its frequent use are not removed. Extraordinary skill never can be acquired by the great body of our profession, and a medicine which supposes this cannot be generally prescribed without mischievous results.

The destructive effects of chloroform have sometimes been attributed to its impurities, but, in my judgment, without any good reason. The effects described are those proper to this article, and not such as are produced by other agents supposed to be impurities. In the cases of chloroform-poisoning which have come to my knowledge, the drug was *too* pure. The patient got too much of the *chloroform*. Therein lay the difficulty.

Sulphuric ether I believe to be a safer article for anæsthetic purposes than chloroform, and capable, in most cases, of accomplishing every desirable end. It acts with less promptness and less power and permanency, but these are not disadvantages. It is comparatively harmless, because its effects come on gradually, giving the practitioner time to mark the progress of the symptoms. And when the inhalation is stopped, the effects begin almost immediately to subside, differing in this respect from chloroform. I think the profession ought to return to its use, and abandon the more hazardous article.

HENRY BRONSON.

New Haven, Ct., June 29, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 7, 1852.

Annual Meeting of the Massachusetts Medical Society at Pittsfield.—A meeting of the Counsellors of this Society, as is provided in its by-laws, took place on the day preceding the anniversary, Tuesday, June 22d. The ordinary business was transacted, and several important special subjects—particularly certain proposed alterations in the by-laws, and the state of the finances—excited much interest, and were disposed of in a manner satisfactory to all present. As has been already announced in this Journal, George Hayward, M.D., of this city, was elected President. The other officers were for the most part re-elected.

The meeting of the Society was held on Wednesday, June 23d. The president-elect, Dr. Hayward, being absent, the chair was taken by A. L. Peirson, M.D., of Salem, President of the Essex South District Society, and ex-officio senior Vice President. Besides the usual preliminary business, the Society acted upon the amendment, of the by-laws proposed by the Counsellors, and passed them with great unanimity.

A letter was read addressed to the late president of the Society, by one

of its fellows, whose name he was requested not to divulge, relating to the subject of actions for mal-practice. This excited a good deal of interesting and useful remark, and was finally referred to a committee with instructions to report on the whole subject at the next annual meeting.

A report was received from a committee appointed to provide professional communications, and it was voted that 11 o'clock be assigned at the next annual meeting for the purpose of hearing such communications.

At 1 o'clock the annual discourse was delivered by Henry L. Sabin, M.D., of Williamston, on "the duties, trials, responsibilities and pleasures of the medical profession." It was an eloquent and instructive discourse, and was listened to with much attention by an audience, comprising not merely the fellows of the Society, but a large number of the citizens of Pittsfield and the neighboring towns.

At half past 2, the fellows of the Society and the invited guests sat down to a dinner provided by the landlord of the Berkshire Hotel. The divine blessing was invoked by the Rev. Dr. Hopkins, President of Williams College. It is only necessary to say that the festive part of this occasion was every thing that would have been anticipated from the eloquence, wit and genius of the anniversary chairman, Dr. Holmes, who presided at the table.

The meetings of the Council and Society were held in the Berkshire Medical College, a chaste and beautiful building, every way well adapted to its purposes.

Few if any meetings of the Society have ever been more satisfactory to those who attended them than this. It introduced many of the members to a region of our State, unequalled in New England, indeed hardly excelled anywhere, for its combined beauty and grandeur. Its deliberations were marked by unusual harmony, and were exclusively directed to the great fundamental objects of professional association, and were characterized by a truly professional spirit. We may congratulate ourselves that the amendments made in the constitution of the Society will hereafter keep away from this annual festival all those subjects which have heretofore so often interfered with its true purposes, and enable us to devote it exclusively to them, viz., professional intercourse and professional improvement.

Lunatic Asylums.—Dr. Galt's Report.—While science and the arts are progressing, the question may be asked—what is being accomplished for humanity of late? One of the marked advances of the age, the fruits of which are obvious, may be found in the improved management of the insane in all Christian countries. Medical men have contributed largely towards bettering their melancholy condition, by substituting kindness for chains and privations. The latter both aggravated and confirmed every variety of madness. Before us is the report of the Eastern Lunatic Asylum, at Williamsburg, Virginia,—a plain, straight-forward account of the transactions of the institution for the past twelve months. It gives the number, ages, sex, professions, weight, height, pulsations per minute of the radial arteries, color of the eyes and hair, temperament and complexion, and a minute record it is, too. But the causes that produced insanity, the treatment, and other things which a medical philosopher would like to know, are passed slightly over. Some of the annual reports of these excellent establishments might as well be stereotyped as written yearly.

It would be economy, as the saving of manual labor is a consideration. As for mental effort, it appears to us there has been a falling off within the last few years. These statistical tables, minutely drawn, adding immensely to the bulk of the book, but not to the understanding of the reader, are not very highly estimated by the best asylum managers; and the people begin to inquire why improvements are not made, as in other branches pertaining to medical practice. Are physicians discouraged, or have they arrived at the comforting conclusion that their responsibilities have ended with the creation of edifices for housing the most unfortunate of their patients? It would seem that no expectations are entertained of going beyond the present every-day measures, the common economy of well-regulated hospitals for lunatics. Some of the patients recover, and the process by which their disturbed minds have been restored consists in systematic attentions, regulated by the law that requires that we should do to others as we wish others would do for us. Other patients are unchanged, although brought under the same influences; and because such is the case, they are considered beyond reach. Here is to be the starting point for discovery. But leaving the further consideration of the subject, it is with much pleasure we bear testimony to the faithfulness of the medical superintendent of the Eastern Asylum, John M. Galt, M.D. During one year, from the 30th of Sept., 1850, there were at the institution 238 inmates, of whom 144 were males and 78 females. Within the same period, 45 new patients were received; deaths 23; and when the report was given in, 193 patients were under care. What have our correspondents to say in regard to the prospect of achieving something more for the benefit of the insane? Their views are solicited for publication.

New Hospital for the Insane in Mass.—From a Taunton paper the following article in regard to the second State Asylum for insane paupers, has been taken:—The whole edifice covers an area of 26,520 square feet, not including the two courts formed between the wings. The front is 353 feet long by 40 wide; the main projection from the centre is 50 by 60 ft.; there are three wings running back North, 200 feet by 40 wide. A large dome is to be placed over the centre of the main building, and two smaller ones from the centre of either wing. The whole building is to be three stories high, and from the top of the spire of the large dome to the ground, it will be 116 feet.

The Asylum is now in progress of erection, the foundation being nearly completed. The cellar walls and nearly the whole building are to be composed of Taunton brick. The basement facings are principally of Quincy granite. A water-pipe or aqueduct conveys a constant supply of good soft water, from the Hopewell reservoir, forced by a "water ram" to the premises some 56 feet above the level of the pond, for the use of the builders. The basement sill is from 40 to 50 feet above the level of the green.

It is a beautiful and airy location, and is already visited daily by hundreds for a pleasant walk or ride. When the Asylum is completed, it will afford one of the most commanding and delightful views from its dome, or even from the second or third stories, that can be found in the county, embracing a range of twenty or thirty miles in extent.

Deodorizing Agents.—An article is prepared at Portland, Me., that possesses the extraordinary property of overcoming disagreeable odors of

every kind. It is a black powder, sold reasonably, a little of which thrown into a cess-pool, a vault, in dark alleys, damp cellars, and wherever offensive smells are recognized, at once purifies the air and chemically changes the mephitic condition to a wholesome place for breathing. In hospitals, holds of ships, hide vessels, storage houses where provisions, skins, vegetables, fruits, feathers, and whatever passes through any stage of decomposition may happen to be, the Portland deodorizer is invaluable. This is the season when unwholesome vapors, poisonous exhalations, and all kinds of abominations prejudicial to health, are too often permitted to have unrestrained freedom. To counteract their baneful influences, and neutralize their powers of destruction, this simplest of all agents may be had recourse to. The deodorizing powder is cheap, and remarkably efficient in its chemical properties. When its true character is understood, no hospital, almshouse, prison, school, or institution, where large numbers of persons are necessarily brought together, will omit a free use of it. Southern cities, of all others, from the length of their warm season, should on no consideration be without this excellent article. New Orleans, particularly, would reap immense benefit from a systematic distribution of it among the poor, and in all their city institutions. After what has been said of the intrinsic value of the deodorizer in regard to its sanitary distinction, by Drs. Hays and Jackson, the celebrated chemists, the demand has been steadily progressing.

Microscopical Anatomy.—Dr. Durkee is steadily advancing in his microscopic researches. We have carefully examined some of his most recently prepared specimens of the mucous membranes, that far surpass any former achievements in his curious collection. To inject, with colored size, vessels so extremely minute as the instrument reveals them to be in some of the delicate tissues of the animal body, presupposes devotion to the pursuit, an intimate knowledge of their anatomical structure, and an uncommon degree of skill. Some of Dr. D.'s preparations are more important and suggestive than others, yet he has shown no partiality in his explorations. Nature slights nothing; on the contrary, however low in the order of mechanism, or elementary in function, each tube and filament is perfect, and the offices they fulfil are complete in every respect. Microscopical philosophy humbles the student in view of the great Designer. A purpose is evidently to be accomplished, and apparatus the most appropriate, beautiful, unerring and minute, is put in motion. A circle of actions seems to have been contemplated, and all the contingencies fully apprehended, before the vital machinery in the concealed recesses of an animal body was set in motion. Thought was employed in it all, and Infinite Intelligence and Infinite Power. But we are in danger of being carried away in a paroxysm of enthusiasm, unconsciously developed by a contemplation of these beautiful evidences of design, and must therefore leave the subject, by renewedly urging upon our medical friends to visit this show of wonders. The mere reading of Hassel, illustrated, as his treatise is, by highly colored drawings, falls inconceivably below the things themselves, in point of interest and satisfaction. One is nature herself, and the other a portrait. Great results are anticipated for science among us, by steady perseverance in the use of the microscope.

Diseases of the Urinary Organs, &c.—A second edition of Acton's celebrated Treatise, with additions and colored plates, has been given to the

medical public by Mr. Redfield's press, New York. No one has called in question the practical value of this work. There is no phase in the circle of syphilitic contaminations, not recognized by this author. The plates are true to nature. All town practitioners, of course, should be armed with this latest and best authority. Since it is the business of physicians to cure diseases, their first ambition should be to keep pace with the progress of discovery in the various branches of medicine. So extensive is the reputation of Mr. Acton in this particular department of therapeutics, that it is unnecessary to say more than that a new edition of his work is published, and is an improvement on the first.

Funeral Sermon on Dr. Doane.—An able and touching discourse, by the Rev. E. H. Chapin, on the early and melancholy death of A. Sidney Doane, M.D., who died in the discharge of his exciting professional duties at Staten Island, New York, has been printed for circulation among the friends of the deceased. Dr. Doane was a man of rare qualities, and with his bereaved family we deeply sympathize. May the children profit by their father's good name, industry and virtues.

Philadelphia College of Dental Surgery.—We have received the first annual announcement of this College, which has been recently established under, we think, very favorable auspices. To name the faculty will be to give the character of the institution. J. D. White, M.D., D.D. S., Professor of Anatomy and Physiology; Ely Parry, M.D., D.D. S., Professor of Chemistry, Materia Medica, and Special Therapeutics; Robert Arthur, D.D. S., Professor of Principles of Dental Surgery; Elisha Townsend, M.D., D.D. S., Professor of Operative Dental Surgery; T. L. Buckingham, M.D., Professor of Mechanical Dentistry; D. P. Whipple, M.D., Demonstrator of Surgical and Mechanical Dentistry. Elisha Townsend, Dean of the Faculty, Locust St. above Schuylkill Seventh.

It seems appropriate that the Athens of *medical* learning in this country should also be the seat of *dental* instruction. We believe the facilities for imparting this kind of instruction are fully equal, in Philadelphia, to those of any other city, and are sure that her dentists are not a whit behind any, in their qualifications for teaching.

We bespeak for the enterprise its full share of patronage, and cordially wish the faculty success in their undertaking. — *New Jersey Medical Reporter.*

Extraordinary Cure of Rheumatism. By J. E. STEWART, M.D., Jackson, Tennessee.—A gentleman in this County who has been laboring under a mild attack of Sciatic Rheumatism for a considerable time, recently paid a visit to a friend. It so happened that this friend had a phial of Mexican Liniment, and one of the patent medicine known as Pain-killer. Before going to bed he requested his wife to rub some of the liniment on the affected part, and also swallowed a dose of the Pain-killer, supposing that by a combination of the nostrums he would stand a fairer chance of relief. Having retired he soon fell asleep; his nap, however, was short, as he was awakened by the uneasiness experienced in his hip. He told his wife to re-apply the liniment, and, there being no light in the room, she took up what she supposed to be the nostrum and gave him a good rubbing. The

husband said he felt much relieved—fell asleep, and rested quietly till morning.

What was their surprise on waking, to find that instead of the liniment, the wife had applied the contents of a bottle of—*ink*? Common writing ink! there is no mistake, Doctor, about this; his person and linen proclaimed the fact in startling colors. This proves most conclusively the power of the imagination over the corporeal fabric. For had it not been for the coloring matter of the ink, the whole credit of the cure would have been attributed to the worthless nostrum; nor could any argument or mode of reasoning have convinced him of the contrary. However, as it was, this man's faith was very considerably shaken in patent medicines. Nothing has been heard of him since the morning of the *dark* rubbing.—*Nelson's Northern Lancet*.

External Use of Ipecacuanha. By M. LEVIOUX.—Ipecacuanha applied to the skin produces a special form of eruption. Incorporated with some fatty substance, and rubbed on the surface for a few moments, it gives rise to a crop of small elevated pimples, of a bright red color, very numerous and frequently confluent; they soon form true pustules, of small dimensions, depressed in the centre, suppurating slightly, drying rapidly, and leaving no scar; the pain attending the eruption is slight. It is prepared as follows: R. Ipecac, 1 part; Olive oil, 1 part; Axunge, 2 parts.

Medical Miscellany.—The last cholera specific is a table spoonful of black pepper in a swallow of water.—Dr. John A. Warder is president of the Cincinnati Association of Botanists.—Roback, the foreign astrologer, who was doing a sweeping business in New York in the way of prescribing for diseases, has been arrested on the charge of swindling, for not curing a certain patient.—According to Dr. Reese's Journal, the expenses of the Lunatic Asylum on Blackwell's Island, N. Y., for the past year, were \$28,098 06. Dr. B. Ogden is the sole consulting physician.—Cholera at Rangoon, which was terrific at one period, has subsided.—A negro recently died at Jefferson, Chemung Co., supposed to be 110 years old.—Cyrus Fairbanks died lately, at Ashburnham, Mass., aged 100 years and one month.—Dr. H. G. Bussey is a candidate for Congress, in Perry district, Pennsylvania.—Is the New York Medical Times still published? No copy has reached us for many months.

TO CORRESPONDENTS.—Dr. Cummings's paper on Fellis Bovini has been received. Also additional remarks on the the Ether Discovery, by H. A. H.

ERRATUM.—In the caption to Dr. Mitchell's case of injury, page 409, the word "counter irritation," as was doubtless noticed by the reader, should have been *counter-fracture*.

Deaths in Boston—for the week ending Saturday noon, July 3, 57.—Males, 32—females, 25. Abscess, 1—accidental, 3—inflammation of bowels, 1—cancer, 1—consumption, 15—convulsions, 1—coup de soleil, 1—cyanosis, 1—dysentery, 2—debility, 1—diarrhea, 1—dropsy, 1—dropsy of brain, 1—drowned, 1—erysipelas, 1—fever, 1—scarlet fever, 5—disease of the heart, 2—infantile, 5—inflammation of the lungs, 2—inflammation of the liver, 1—marasmus, 5—measles, 1—old age, 1—palsy, 1—rheumatism, 1—teething, 1.

Under 5 years, 23—between 5 and 20 years, 4—between 20 and 40 years, 23—between 40 and 60 years, 4—over 60 years, 3. Americans, 18; foreigners and children of foreigners, 39. The above includes 7 deaths at the City institutions.

Injurious Effects of Chemical Works on Timber and Growing Crops.—At the Liverpool Assizes, on the 5th inst., the first of four separate actions came on for trial against Messrs. Muspratt & Co., proprietors of the chemical works at Newton, near Liverpool, for alleged injury done to certain trees growing on the lands of the various plaintiffs, by the noxious gas or vapor proceeding from the defendants' works. A number of respectable agriculturists deposed that the estate formerly abounded in beautiful oak, elm, and ash timber; but since the erection of the chemical works, the tops and shoots of the trees had been killed, the young grasses and crops were withered up whenever the wind blew the vapor from the chemical works upon them; not a fruit-tree, quickset hedge, or flower-shrub could live; the timber began to decay; when trees were afterward felled, they were found to be in a bad state, and much of the timber that had been left standing had died away until torn up by the wind from want of vigor. The ravages seemed to have extended to a distance of several miles from the works. Some of the witnesses had noticed the vapor descend, and, on such occasions, every metal article in the houses where it could obtain entrance, even if those articles were bright and polished just before, would become speedily covered with a dull, rusty coating. It appeared that the substances employed by Messrs. Muspratt were chiefly common salt and oil of vitriol, from which was evolved muriatic acid gas, which, combining with the atmosphere, and falling to the earth, destroyed both animal and vegetable life. A great number of experiments had been tried, with a view to remove the destructive effects of the vapor, but they were unsuccessful, and the defendants had to pay compensation to various parties from time to time, for the injury done to their crops; and among those parties were the present plaintiffs. The works having been given up, the question for the jury was as to the actual amount of damage which had been previously caused to the timber, fences and crops of the plaintiffs. Mr. Justice Cresswell thought that as the works had been given up, it was a great pity to go on trying actions; and inquired whether there could not be some mode adopted of arranging matters, seeing that the defendants had not sought to set up any question of right. The suggestion of the learned judge, however, was not acceded to by the counsel on either side, and the examination of witnesses consequently proceeded. A compromise of all the actions was, however, finally arranged, the respective plaintiffs agreeing to accept £500 each, or a total of £2000, Messrs. Muspratt binding themselves to pull down the works.—*Lancet*.

Kentucky School of Medicine.—Some changes have been made in the organization of the Faculty, which may naturally influence the future destiny of this school. The accession of Professor Benjamin W. Dudley to the chair of Surgery, the duties of which he agrees to discharge during the ensuing session, cannot fail to render the organization acceptable to the profession throughout the west and south, and to afford to the friends of the School the surest guarantee of her triumphant success. In order to procure the valuable services of Prof. B. W. Dudley, Professor Flint cheerfully withdrew from the Surgical chair, and assumes the duties of that of Physiology and Clinical Surgery. The chair of Theory and Practice, vacated by the resignation of Prof. Annan, has been filled by the transfer of Prof. Bullitt, and that of Materia Medica by the appointment of Dr. E. D. Foree.—*Transylvania Med. Jour.*

THE

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No. 24.

INSTRUCTION IN CHEMISTRY.

[THE following correspondence, although written last year, will still be read with interest by the profession. The respectability of the writers, and the continued importance of the subject, together with the fact that the letters have not before been published, will suffice as an apology for their insertion in the Journal at this late period.—ED.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—You will remember that, at the meeting of the American Medical Association in May last, I proposed a resolution relative to instruction in chemistry. This resolution was referred to the Committee on Medical Education. Will you lay before that committee the accompanying letter from Professor Horsford? There are some good hints in it. Within the last eighteen months I have had an opportunity of studying, a few hours a week during two terms, at the Scientific School at Cambridge. By that study I gained an insight into the whole subject of chemical science, which I never could have gained in any other way.

I am inclined to believe that some arrangement can be made whereby the object I desire may be attained. I am not, however, prepared to suggest any definite plan, because it would, perhaps, be premature. I desire, however, that the subject should not be allowed to rest where it is, but that it should be discussed from time to time until we have satisfactorily decided upon some new plan, or that our present imperfect methods are all that can be pursued. For this purpose, I would, with great deference to your committee, suggest that resolutions like those appended to this communication be reported to the meeting in Charleston.

Very truly yours,

Boston, April 15, 1851.

HENRY I. BOWDITCH.

Resolved, That the Committee on Medical Education be requested to correspond with the various medical schools of the country, and to report the usual methods pursued in teaching chemistry.

Resolved, That said committee be requested, if possible, to devise some plan for the more thorough instruction of medical students in practical chemistry.

*Reply of Professor Horsford to the Inquiries of Dr. Bowditch, in relation to Practical Chemistry.**Cambridge, April 11, 1851.*

MY DEAR SIR,—A reply to the questions you have submitted requires a brief consideration of what shall be understood by the chemical education pursued at Cambridge.

It is obvious that, if a medical student is to receive the whole course of instruction in qualitative and quantitative analysis, and the elementary principles of experimental research, he must pursue his studies much beyond the period usually assigned to them in this country. Chemistry would require his almost exclusive attention for not less than two years. Such a measure of instruction in this science, however important to the teacher of chemistry, or to one who contemplates physiological or therapeutical research, cannot be considered as indispensable to students of medicine generally, and, without additional time, cannot be engrafted upon our present system. The average pecuniary means of medical students, as well as the limited time, will not permit it. Something less might be attempted.

Now how much is practicable? The whole course of chemical instruction at Cambridge consists of

- 1st. Qualitative analysis.
- 2d. Quantitative analysis.
- 3d. Pharmaceutical chemistry, or preparations; and
- 4th. Research.

The course of qualitative analysis proposes to make the student practically acquainted with the characteristic properties of the principal substances occurring in nature, and as the product of manufactures.

Quantitative analysis succeeds this, and makes the student acquainted with the methods of determining, by weight or volume, the relative proportions of ingredients in a compound. It brings into application all the skill, patience and neatness the previous course has developed.

Pharmaceutical chemistry teaches the method of preparing substances in their purity, and, with the preceding course, qualifies the student for research.

The methods of experimental investigation are as various as the fields into which investigation is carried. The student of medicine needs greater familiarity with the modes of research in organic chemistry than the metallurgist or manufacturer.

The practical analyst and the calico-printer, require each a special preparation.

With these preliminaries, I proceed to your inquiries.

1st. "Would it be possible to apply the methods pursued at Cambridge to a class of from one hundred to five hundred students?"

To this it may be replied, that the attempt to introduce into medical schools practical instruction in chemistry will probably be more successful if it propose not the whole course, but qualitative analysis only, and probably it would be well to prepare less than the whole of the qualitative course. I can conceive of no method by which so large a number as the lowest named could be taught practically by one person,

and especially if that person have, at the same time, duties as a lecturer to perform. Each student is necessarily a class by himself in the art of manipulation, and indeed throughout his whole study of practical chemistry.

2d. "If this be impossible, is there any plan you can suggest which would meet the end in view, viz., that the student should have practical chemistry as he now has practical anatomy in the dissecting room?"

To this I reply—A plan suggests itself which might be carried out in schools organized upon the plan of the Tremont School. It is this. The students remain, I am informed, in this school two years. They have two entire courses of lectures at the medical college, and two entire courses of spring and summer instruction, by recitation and practical exercises with the microscope, and in dissections. During the first spring and summer, the whole attention, to the exclusion of chemistry, might be given to practical anatomy and the other subjects which now occupy their attention. During the spring and summer following, the attention might be given chiefly to practical chemistry and pharmacy, in the place of anatomy.

Such a course need not interfere with clinical lectures, or the surgical cases on Saturdays. This amount of time would be amply adequate to the acquisition of what I conceive to be essential to a medical education, to wit, that the practitioner should be able to determine the nature and purity of at least the inorganic medicines he employs, and be able to make a thorough qualitative analysis of the secretions of the kidneys.

3d. "If no plan can be devised for a very large class, would it be possible to obtain facilities for a smaller number; for example, the students who have studied two years, and are about finishing their course of tuition?"

To this I have partially replied in my answer to the second interrogatory. I add, that as there are large numbers of medical students who do not pass their whole year in schools like the Tremont, they must be instructed, if at all, in practical chemistry during the course of lectures. This instruction, if given by the professor of chemistry, would require very efficient co-operation; but by devoting an hour on each of two afternoons in a week, alternately to classes of twenty, the students having opportunity to work, with the aid of a text-book and an assistant, in the intervals, there would be an amount of chemical knowledge acquired, I am safe in saying, a hundred times more valuable than could be obtained from lectures alone. This is upon the presumption that the requisite facilities will be furnished. They need not be expensive. A well-lighted and warmed apartment, with plain tables supplied with reagents, test-tubes, lamps, blow-pipes, &c., could be fitted up for such a course at a comparatively small expense. The students would bring no apparatus, pay only for what was broken, and take none away.

4th. "Supposing the price of the tickets for the chemical lectures to be fifteen dollars, what increase of expense would be needed for each man to enable the professor to provide such practical instruction?"

At this time the difficulty of finding assistants accomplished in this method of instruction, and, I may add, the want of familiarity with its

modes, incidental to the course generally pursued by our professors of chemistry, will doubtless make instruction expensive in the outset. Still, if the class of graduating students as a whole, or twenty-five of them for example, shall decide to pursue such a course, the total additional expense need not exceed twenty-five to thirty dollars for each student. This estimate is founded upon the supposition that the fixtures and outfit are provided, and the current expenses and a reasonable charge for tuition only to be considered.

With great regard, I am, my dear Sir, faithfully yours,

E. N. HORSFORD.

Dr. Henry I. Bowditch.

REPLY TO "STRICTURES ON 'STRICTURE OF URETHRA.'"

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On reading in your Journal of March 10th, the article "Strictures on 'Stricture of the Urethra,'" represented to be written by "a professor in a distant medical school," some feeling of pride was at first elicited, that my report should have merited the notice of any one; but more especially of one of so respectable a character. Detecting, however, in the *learned professor's* remarks, rather a fault-finding spirit, than that of a candid critic, and from its anonymous character exhibiting evidence of malice, at first I concluded to be governed by the old adage—"anonymous communications merit no notice." But being notified recently that the Southern Massachusetts District Medical Society is to convene at New Bedford in a few days, I judged that an opportunity would present itself for the reading of a communication to that body; and on reflection concluded to make the subject of one, for that occasion, a reply to "strictures on 'stricture of the urethra.'"

In reporting the case under criticism, it was not intended to enter into detail, but merely to give a very general account of it, for the purpose of placing it in some form before those of the profession who take an interest in perusing cases of singularity.

The *learned professor* quotes me as follows:—"The nature of the case under consideration was evinced by the retention of urine, and the groans of the patient." Here, that my meaning shall not be perverted, I must remind the professor that he should have quoted me a little further, as follows:—"I learned that when the patient was 9 years old, he received an injury, &c., and from that time there had been occasionally some difficulty in urinating—sometimes amounting to complete retention; but with the aid of quietude, rest and medicine, he was speedily relieved." What were those medicines? They were of a very mild nature; and nothing more than sweet spirits of nitre, and uva ursi that grew near the patient's house. In reference to what had been done by my predecessor, the learned professor further quotes me—"all was found to be judicious; and ordered, with some alteration, a continuance of the medical course, which consisted in aperients, diuretics, fomentations, and anodynes by draughts and enema." The above-named medicines, sweet

spirits of nitre and uva ursi, were the *remarkable diuretics* which the patient conceived, in former attacks of his malady, very much contributed to mitigate his sufferings. The professor further quotes me—"Aug. 22d, 2 o'clock, P.M.—Now sixty hours since micturition, with the exception of discharge of half an ounce in the interval of last visit." He should have quoted from the context as follows—"At 4 o'clock in morning, left my patient for a few hours. I have been absent much longer than expected," which gives the fair inference that I was absent ten hours from the patient from unavoidable circumstances. He then quotes—"bladder much distended, very sensible and perceptible to the touch in pubic region;" and puts the following questions:—"If the patient had been taking diuretics for sixty hours, and only half an ounce of urine had been voided during that period, would the author expect anything else but a distended bladder?" Second—"If the treatment the day before [or on my first visit] was judicious, why were the diuretics omitted, and a blister to the loins substituted?" Before these questions are answered, let us look a little further. There are different degrees of retention of urine, as well as varieties, which are often blended, and they are to be treated on general principles, and according to symptoms. On my first visit the distension of the bladder was not proportioned to the suffering of the patient; but on my second visit, ten hours after, a very material change had taken place. The pain and distension of the bladder had much augmented, as well as the pulse; and indicating twice the amount of inflammation, both general and local, with spasm of the urethra, as evinced by catheterization. When announced to the nurse that the bladder was more distended, she remarked, that "for the last eight hours the patient's perspiration had dried up; and that he had been very hot, and contrary to orders had indulged largely in cold water." Now I think we are better prepared to solve the learned professor's questions—for certainly, if on my second visit, and after an interval of ten hours, the bladder was more distended, and inflammation and spasm were present, it was in accordance with the views of the best practitioners of medicine and surgery to discontinue the diuretics and apply a blister, if, notwithstanding, on the first visit all was found to be judicious, and that I had more reason to hope for mitigation of symptoms, than to "expect a distended bladder." Among the numerous authorities that could be adduced, in support of the medical treatment of the case, let a few suffice. Dr. Good, on the treatment of retention of urine, says—"Inflammation is to be relieved by the ordinary means; and in addition to these, by anodynes, clysters and fomentations, a warm-bath, warm liniments (especially blisters to the perineum.) Spasm to be treated by the method just proposed for inflammation." Samuel Cooper—"It appears that almost every stricture, bad as it may be, is capable of being rendered still worse, and the morbid part of the urethra more impervious, by a spasmodic affection. Slight diuretic beverages may be prescribed." Druitt—"Stimulating plasters to the sacrum are sometimes of use." Dr. Thomas recommends—"In every instance of the complaint, whether arising from stricture, gravel, inflammation or spasm," diuretics of nitre, balsam of

copaiba, and other medicines of this class. From these quotations, and what already has been said, I hazard nothing in submitting the proposed question, as to the propriety of the use of the diuretics and blisters to the "present professor of surgery, or his illustrious predecessor, in the Massachusetts Medical College," with an undoubting confidence of a successful verdict.

The learned professor further quotes me—"On examining the state of bladder and its appendages, per anum, find their condition more abnormal than anticipated. The inferior portion and cervix enormously thickened, prostate barely distinguishable." Upon this quotation he asks two questions, first, "Which is situated nearest the verge of the anus, the prostate gland, or the inferior portion and cervix of the bladder?" In reply to this question, I am reminded of an anecdote of one of the presidents of a college in New England, many years since. It seems that he was hearing the recitation of a very dull scholar, and the question came up as to the belief of the existence of things, although invisible to the eye. The scholar could not understand how it could be, when the president illustrated the principle in a very clear light. The scholar still persisted in the negative, when the president very sarcastically asked him if he had faith in the existence of what he sat upon, and if he ever saw *that*. Second, "How does it happen that the 'inferior portion and cervix' of a bladder should become 'enormously thickened,' when distended and attenuated to such an extent as to contain 'more than five pints of high-colored, ropy urine?'" Samuel Cooper, in his *First Lines of the Practice of Surgery*, speaking of the retention of urine, says—"The bladder generally, in adults, has contained six or seven pints." Dr. Good, speaking of the quantity of urine contained in the bladder, says—"It has occasionally amounted to eight or nine pints, and there is a case given by M. Vildé, in the *Journal de Medecine*, in which it equalled sixteen pints." I now trust that the reader, without imputing to me large marvellousness, will believe that if the "inferior portion and cervix" of a bladder should become "enormously thickened," enough of the organ may remain undiseased, "when distended and attenuated, to contain more than five pints of high-colored, ropy urine."

In alluding to my visit on the 31st, the learned professor further says—"Some symptoms of peritoneal inflammation appearing, the author of the paper recommended the radical operation for stricture of the urethra. After cutting down upon the point of the catheter at the seat of the stricture, I would ask the writer if he thinks he would have been 'several times foiled by an interposing smooth substance, obviously of a membranous structure, either a fold of the mucous membrane of the bladder, or a partial membranous partition,' had he attempted to perform this operation when the bladder contained more than five pints of urine, and before it was punctured above the pubis? Or, if a male catheter had been passed into the wound above, and directed under the pubis, and into the prostatic portion of the urethra from within outwards, so as to be felt in the perineum, the operation would not have been more safely and expeditiously performed?"

In reply to the first question, it will be remembered that I stated the whole region, including the triangular space to the bulb, was much enlarged, distorted, and so indurated that it scarcely resiliated to the touch. This abnormal condition of the parts, at this stage of diagnostic information, "per se," was sufficient objection to the common radical operation—as was proved in the sequel by clear demonstration of the existence of a membranous partition, in attempting to bring the catheter in contact. Moreover, in depressing the external end of the catheter, no urine escaped—thereby showing that the *timid surgeon* could not depend upon any distension of urine, in the perineal region, as a guide through an urgent operation, and to compound for ignorance in anatomical knowledge; and that paracentesis above the pubis was the only judicious operation that could have been resorted to with safety. The proposed mode of operating embraced in the second question, I deem unscientific and perfectly impracticable. The catheter is not the proper instrument to be used, where such an operation is necessary and practicable.* No case exists in the records of surgery, where a membranous partition of the bladder, of equal degree of firmness as in the present case, was attempted to be lacerated by a sane man, with the blunt end of a catheter, or proposed as in any degree worthy to be a substitute for the one which I practised, with at least ordinary success.

The learned professor, in concluding his remarks, alludes to the time that the patient was under my care, and his removal "to the Massachusetts Medical Hospital."† If this is done to insinuate that it was uncommonly protracted, I would suggest to him the perusal of similar cases, reported in this and other journals; to see whether they generally terminated more speedily and successfully than the one under criticism.

Having now touched upon all the questions of the learned professor, I am inclined to think that he will require all his stock of "*charity*" for his own purposes, and have none to spare "for the author," or "for the surgical character of the Southern Massachusetts Medical Society."

In conclusion, I would inquire of the learned professor, after all his display of sparkling learning and wit to vilify a *faithful report* of an *interesting surgical case*, if he has not utterly failed in making the *organ* of his criticism the *receptacle* of "*scientific truth*" or an *expositor* "*of error*"—either "*theoretical*" or "*practical*"; but on the contrary has not involved himself in a series of *absurdities* and *errors*; and if the words of Horace are not in point—"Parturient montes, nascitur ridiculus mus."

Very respectfully yours,

Wareham, May 5th, 1852.

PEREZ F. DOGGETT.

FELLIS BOVINI, AS A MEDICINE.

BY A. I. CUMMINGS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE bile from the gall of the ox has long been known to possess medicinal properties, and to some extent it has been used by the profes-

* See Boston Medical and Surgical Journal, vol. xxvii., page 341.

† For explanation of *removal*, vide original report of the case.

sion as a remedial agent, but I believe it has never gained that confidence among practitioners of which its real value renders it worthy. I have used it somewhat extensively in my practice for a few years past, and in this article I design to give only the result of my own experience with it, and the conclusions to which I have arrived in relation to its real and comparative value. Before proceeding, however, I would remark that the *form* in which I have almost invariably exhibited it, is that of pills, made of the inspissated gall, rolled in flour, magnesia, pulv. glycyrrhiza or some other fine powder, to render them of a suitable consistency. The gall may be evaporated in shallow basins, in an oven, or by the heat of the sun, until it becomes sufficiently firm to form into pills as above. This, in my opinion, is far the best method. It may be given in its liquid form, but it is less agreeable to the patient, and if not mixed with proof spirit, will soon become unfit for use. The medical properties of this agent, so far as my observation goes, are *laxative, alterative, and slightly tonic*. Its most valuable agency is exerted upon the stomach and liver. It seems to combine, in a remarkable degree, the three properties named above, and for many of the diseases to which the chylopoietic viscera are liable, I have found it a most excellent and valuable remedy. I proceed now to notice its application as a remedial agent in disease.

1st. *Obstinate Constipation*.—I am well aware that this is much oftener a *symptom* of disease, than disease *per se*; but I notice it in this place in order to speak of that form so common to those engaged in sedentary and confined occupations, and especially of females in large cities, amongst whom, for want of proper exercise and care, constipation is so prevalent, and so detrimental. In cases of this description, I have very seldom, if ever, been disappointed of obtaining relief by the use of the agent under consideration. The hardened, compact, clay-colored fæces so common in cases where there is more or less obstruction of the function of the liver, are, by the use of the gall, broken down in the intestines, and rendered so friable as to be easily discharged. This result is procured, not only by the combination of the gall with the hardened concretions, rendering them soft and unirritating, but also by removing the obstruction, and permitting the natural flow of bile from the gall-bladder into the intestines. Thus it answers, in this respect, a two-fold purpose. Any one who doubts the efficacy of this remedy, by pouring a few drops of fresh gall upon hard clay-colored fæces, and observing how soon the mass becomes liquid, cannot fail to be convinced. It imparts also a healthy tone to the bowels, and promotes the natural secretions which may have become impaired.

2d. In *Bilious Diseases*, arising from a torpid action of the hepatic function, the gall is an excellent remedy. It seems to act as a stimulant to the liver, and to promote the secretion of the bile, and also to cause it freely to flow into the bowels, and thus accomplish its normal function in the animal economy.

3d. In *Jaundice*, you will find that the exhibition of gall, if continued sufficiently long, even in small doses, will not fail to accomplish a desirable and satisfactory purpose. I could relate the history of many cases

in my own practice, in which there was every symptom of this disease, where the gall has acted in a most satisfactory manner. As a stimulant to the liver, I generally prefer it to blue pill or mercury in any form, though there may be chronic cases in which the mercury or some other alterative would be preferable. Whoever, at least, will thoroughly test the powers of this agent, I am confident will find that I have not exaggerated its value. At least I am willing to abide by the judgment of others who may test it, as to the truth of my assertions. It may be necessary to continue the exhibition of this remedy for some length of time in severe cases of jaundice, but it is perfectly harmless, and moreover it may be used in those cases in which mercury cannot be administered on account of the prejudice of patients or their friends against it, or of any idiosyncrasy of constitution where its use may be interdicted. At least it is a most valuable auxiliary.

4th. In *Dyspepsia*, also, I have in many cases seen the most gratifying results from the use of this remedy. It seems to impart a good tone to the stomach, and by its laxative effects upon the bowels, as well as by its soothing the irritated mucous surfaces of the stomach, proves in my hands, at least, an excellent remedy. It leaves the influence of a mild tonic bitter on the stomach, not sufficient, however, to produce pain, and its laxative effects in dyspepsia cannot but be beneficial, for in most cases in this disease the bowels are torpid, and not unfrequently obstinately constipated. As a remedy also collaterally.

5th. In *Hemorrhoids and Prolapsus Ani*, the gall is justly entitled to our consideration and confidence. If it has no direct or specific influence in relieving these forms of disease, it is at least one of the best laxatives in the general torpor of the bowels which accompanies them, since it not only evacuates, but soothes the bowels, and does not produce the irritation in piles and prolapsus ani that most other articles of the class do. But I am also inclined, from my experience with the article, to believe that it exerts a very favorable influence, at least, in the cure of these troublesome and painful affections. At least it justly merits a fair trial.

6th. In *Bilious and Intermittent Fevers*, the gall cannot but exert a favorable influence, since its office is not only to act as an alterative, and to rouse the liver to its wonted action, but also to carry off from the bowels the superabundant bile, and to give tone to the chylopoietic system. In a word, in all those forms of disease (and they are many) arising from torpor of the hepatic function, I believe there are few medicines that will give equal satisfaction with the article under consideration, and it is certain that no remedy is more safe in its administration and effects.

One more tormenting and dreaded affection arising from bilious derangement, in which the gall acts in a very favorable manner, I had almost forgotten to mention.

7th. *Sick Headache*, so called, though not, strictly speaking, a disease, is a sympathetic or symptomatic affection, of very frequent occurrence, and always excruciating, and dreaded by those who are subject to it periodically, or occasionally. As it arises from a bilious state of the

stomach, the gall, given in small doses, and as frequently as is necessary, seldom fails to mitigate the symptoms, or entirely to relieve or prevent its accession. It should be given in periodical cases for a season of at least a day or two before the anticipated attack.

8th. In *Typhus, and Typhoid Fevers*, it is an excellent laxative, where strong cathartics are not required, and will be found worthy of confidence whenever a remedy of the class seems to be indicated. Also in the low forms of

9th. *Nervous and Continued Fevers*, no better laxative, in my judgment, can be found, since in those cases strong cathartics are almost invariably contra-indicated. But I need not particularize further, since I believe enough has been said to give my ideas in relation to the class of cases in which this remedy is indicated; and as I cannot expect to gain the confidence of practitioners without their first giving the article in question a fair and impartial trial, I have perhaps already written too much. I am confident, however, that those who may make a fair trial of it will not accuse me of exaggeration, for I have endeavored candidly to give the value of the article as it has proved itself in my own practice, and not from theory deduced from the natural properties of the medicine. I have said it is necessary not unfrequently to continue the remedy for some length of time, in obstinate cases especially. But it is harmless and safe, and will act well in any constitution, and is contra-indicated by no form of idiosyncrasy. The dose of the inspissated gall in the form of pill, or otherwise, is from five to ten grains or more, repeated every two or three hours for a cathartic, and less for a mere laxative effect. It may be given in sufficient doses at any time, with perfect safety to adults or children.

Roxbury, Mass., June, 1852.

CUTANEOUS ABSORPTION.

[Communicated for the Boston Medical and Surgical Journal.]

THE communication made by me to the medical profession, through your pages, something like a year ago, excited a good deal of attention at the time, and has elicited not a few private inquiries, both at the East and the West, since that time. Many an individual has asked me—Do you really believe Mr. Robinson's story? "I am compelled to believe it," is my usual reply. "Mr. R. is not the man to make any wilful misstatement, and Mrs. R.'s certificate confirms the facts." But how can it be? it is again asked. How could a man gain in weight daily half a pound, when his whole ingesta, solid and fluid, was only about half that amount—leaving the *egesta* out of the question? My reply to this question is, "I suppose it must be by cutaneous or pulmonary absorption."

It would be quite indecorous, in such cases as these, to go farther, and point gentlemen, who have a diploma in their pocket, to chapter and verse in confirmation of Mr. R.'s story—or at least sustaining its possibility—in our common works on physiology. And yet it may save me

a little trouble, and do here and there a blockhead good (for unluckily such things have been known as blockheads in our profession), to refer him to Carpenter's Physiology, at page 504. The following is verbatim.

"The quantity of water which may be imbibed from the vapor of the atmosphere, would exceed belief were not the facts on which the assertion rests beyond all question. Dr. Dill relates the case of a diabetic patient, who for five weeks passed twenty-four pounds of urine every twenty-four hours—his ingesta during the same period amounted to twenty-two pounds. At the commencement of the disease he weighed one hundred and forty-five pounds; and when he died twenty-seven pounds of loss had been sustained. The daily excess of the excretions over the ingesta could not have been less than four pounds, making one hundred and forty pounds for the thirty-five days during which the complaint lasted. If from this we deduct the amount of diminution which the weight of the body sustained during the time, we shall still have one hundred and thirteen pounds to be accounted for, which can only have entered the body from the atmosphere.

"A case of ovarian dropsy has been recorded, in which it was observed that the patient, during eighteen days, drank six hundred and ninety-two ounces, or forty-three pints, of fluid, and that she discharged, by urine and by paracentesis, one thousand two hundred and ninety-eight ounces, or ninety-one pints, which leaves a balance of six hundred and six ounces, or thirty-eight pints, to be similarly accounted for." In this case, however, says Carpenter, something is to be allowed for the quantity of water contained in the solid food ingested.

"The following remarkable fact is mentioned by Dr. Watson in his Chemical Essays. A lad at Newmarket having been almost starved in order that he might be reduced to a proper weight for riding a match, was weighed at 9, A.M., and then again at 10, A.M.; and was found to have gained nearly thirty ounces in weight in the course of this hour, though he had only drank half a glass of wine in the interim. A parallel instance was related to the author by the late Sir G. Hill, then Governor of St. Vincent. A jockey had been for some time in training for a race, in which that gentleman was much interested; and had been reduced to the proper weight. On the morning of the trial, being much oppressed with thirst, he took one cup of tea, and shortly afterwards his weight was found to have increased six pounds, so that he was incapacitated for riding. Nearly the whole of the increase in the former case, and at least three fourths of it in the latter, must be attributed to cutaneous absorption; which function was probably stimulated by the wine that was taken in the one case, and by the tea in the other."

Now it is easy to see that there is a wide difference between gaining four and a half pounds in a single day from the atmosphere, as in the case of the jockey, and gaining half a pound, in the case of S. Robinson. And it was as much for the sake of making some small addition to medical science that I caused the case to be recorded, as for any other reason. I am a lover of facts, and a lover of science, as well as a deadly hater of empiricism and hollow pretension.

I might also add, it was a good deal in the same spirit that I made

my own experiments, many years ago, of abstaining from drink. Never for a day, did I believe, with Dr. Lamb, that man is not a drinking animal. The fact of Dr. Lamb's abstinence and many other considerations, it is true, had weight with me. Besides, my simple habits and general obedience to the laws of health and life made the experiments more easy to me than to most men, and therefore as a lover of science* I felt an increased obligation to make them. I allude, of course, to total abstinence from all drink for nine months and nineteen days in 1838-9; for six months or more in 1840; and then, with a partial suspension of only one or two days, of about eight months more in 1840-1. All this while, too, my perspiration was free but not profuse, urinary excretion not scanty, and every other function well performed. Moreover, I gained a little in weight during the first experiment.

West Newton, July 4, 1852.

Yours truly,

WM. A. ALCOTT.

PHLEGMASIA DOLENS OCCURRING IN A FEMALE, AND NOT CONNECTED WITH THE PUERPERAL STATE.

BY JOHN KELLY, M.D., OF ESPERANCE, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 7th of August, 1847, I was called to see Miss S. Scott, in the town of Schoharie, who had been many years feeble and rather leucophlegmatic. She was then laboring under fever, with headache, more on the left side of the head than on the right; pulse strong and tense. I thought it not advisable to bleed at this time, but a week after I bled her to the amount of about $\frac{3}{4}$ viij. This relieved the head, and perhaps a blister which I put to the nape of the neck had some good effect. The general treatment consisted in the use of blue pill, laxatives and digitalis purpura.

Aug. 23.—Found her symptoms improving, headache gone, and appetite better; yet as her pulse was not quite soft enough to suit me, I thought best to continue treatment. In the absence of her mother about this time, she walked out to the orchard, and soon after complained of a pain in the hip near the joint.

Sept. 2.—Found her left leg some swollen, thigh more so; the inside of thigh excessively tender to the touch, tense, veins enlarged, with rather dark streaks and some hard lumps. The whole limb perfectly useless, giving the sense to her of great weight. The pulse, at this time, was more strong and tense than ever. The tongue had a white coat. Ordered purgatives of Ep. salts and cream of tartar, with an occasional dose of chloride of mercury and febrifuges.

4th.—Pain more intense than ever. Ordered anodynes and a powder of three fourths of a grain of digitalis and eight grains cream of tar-

* My whole life, for the last twenty-five years, has been a life of experiments. Medical men are often charged with making experiments on others, but I have made many more on myself than on my patients. They may be useful to the world, if I should not be called away so suddenly as to leave them unrecorded.

tar every four hours. Local applications of infusion of poppy and hot vinegar.

7th.—Found her no better. Ordered sal. ammoniac dissolved, and laudanum to the most painful parts; and to be given every four hours, five grains cream of tartar, three fourths of a grain of opium, as she had not slept for three or four days and nights.

9th.—Found her about the same. She wished to be moved often from her back to her side and vice versa. Ordered xxv. grs. calomel, crem. tart. v. grs., digitalis gr. j., every four or five hours.

10th.—Calomel operated favorably. She was easier; gums slightly affected. The thigh not so much swollen, nor so tender. Ordered pill blue mass and digitalis daily, applying a wash of op. ʒ i., sal. ammoniac, ʒ jiss., camphor, ʒ jss., dissolved in spirits.

11th.—Improving. Continue the same treatment.

12th.—Improving. Continue same treatment, and a cathartic of cream of tartar and jalap.

A few days after the left leg had become better, the right one was also in the same way affected, though not so severely. The fever, which had subsided, came on again, and the same treatment had to be resorted to for the purpose of subduing the constitutional symptoms, which were not so severe as at the time the first leg was affected. For some ten days there was no great improvement, except the swelling subsided measurably; but the limb continued œdematous for some time, and extremely weak. Indeed she was not able to walk for six or seven weeks after she otherwise improved. Her pulse became more soft, and her appetite improved. Anodynes once or twice a-day, and a pill of socotrine aloes, were continued for some time to compose the nerves and to regulate the uterine system. After a short time her health became confirmed, and ever since she has been one of the most healthy young ladies to be found.

June 20, 1852.

ON THE NUTRITION OF MUSCLES DURING THEIR CONTRACTION

BY E. BROWN-SEQUARD, M.D., OF PARIS.

It is generally admitted that when a muscle is in a state of powerful contraction, circulation, and consequently nutrition, are nearly arrested in it.

The well-known fact that we are only able to maintain a permanent contraction in any of our muscles for a short time only, has been explained by a loss of strength occurring, from the supposed insufficiency of their nutrition. I have frequently performed a very simple experiment which proves that the cause of the rapid diminution of the power of our will, in that case, does not exist in the muscles themselves.

The experiment referred to has sometimes been made on my legs, sometimes on my arms; and it was conducted as follows: I took a weight in one of my hands, and kept my forearm in a state of flexion, so as to form with my arm an angle of only twenty-five or thirty degrees. In that condition some muscles, and more particularly the bi-

ceps, were in a state of permanent contraction. My ability to maintain my forearm in such a position, lasted between eight and twelve minutes. When I found it was completely impossible for me to keep my forearm in that position, an assistant applied the wires of an electro-magnetic machine to my shoulder and my forearm, so as to excite the biceps, and some other muscles, when, without any effort of my will, my forearm was maintained, nearly in the same position, during more than ten or even fifteen minutes.

After one or two minutes of galvanization, I occasionally tried again the action of the will, and I found that it was able to act anew.

If the explanation be true that the muscle is not sufficiently nourished, and loses, in a great measure, its irritability during its contraction, and that for this reason the will becomes unable to maintain the contraction longer than a certain time, then the action of galvanism ought to be incapable of producing the contraction. If galvanism is able to act as it does, it is because the circulation of blood, the nutrition, and consequently the muscular irritability, have been very little diminished in the contracted muscles.

I have made another experiment, proving, also, that nutrition continues to take place in muscles during their contraction. If the communication established by the nerves, between the muscles of a mammal and its spinal marrow, is left entire; and if the circulation is completely stopped in that limb, by an amputation of the leg at the hip-joint, then it is found that the muscles of that leg, under the excitation of a powerful galvanic apparatus, lose their irritability after ten or fifteen minutes. On the contrary, if the same galvanic excitation is applied to the muscles of the other leg of the same animal, it is found that the irritability remains a long time without a marked diminution, and that it cannot be completely exhausted. It diminishes little by little, but never disappears entirely. Therefore, it is evident that nutrition may take place in muscles during powerful contraction.

Four distinct organs are active in the case of a voluntary muscular contraction. 1st, the brain, i. e. the organ of the will; 2d, the spinal marrow; 3d, certain nerves; 4th, certain muscles. Which of these is the one which is deficient in the case of my first experiment? It is generally admitted that it is the muscular irritability. My experiments prove that it is not so. Consequently, it remains to know in which of the three other organs exists the deficiency. It appears to me that it is in the brain, because a great many experiments have demonstrated that the nerves and the spinal marrow, when put strongly in action, remain very active during a long time, provided that the circulation of blood continues in them.

In saying that the action of the brain is deficient, I do not mean the action of the whole brain, but that of the part of that organ which is used in producing the contraction of these muscles, which are put in action.

From the preceding facts and reasonings I think I am justified in concluding:—

1st. That it is the action of a part of the brain, and not the muscles,

which is deficient, when our will is unable to maintain a permanent contraction in them.

2d. That circulation and nutrition are but little diminished in muscles strongly contracted.—*Philad. Med. Examiner.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 14, 1852.

Medical Meeting at Pittsfield, Mass.—Notwithstanding the notices already given of the anniversary meeting of the Massachusetts Medical Society, we again take pleasure in referring to the subject, because it affords an opportunity of speaking of the fidelity of a report of the doings in the columns of the *Culturist and Gazette*, a weekly paper, abounding in matter of universal interest. Had a copy been received earlier, more copious extracts might have been made. The following paragraphs, of a business character, may be of service to the absent members, and are therefore copied.

"Treasurer's Report was then presented. Now in Treasury, \$600, but bills amounting to about \$1100 were mature and liable to be, at any day, presented, which would materially change the footings. The treasurer made a strong appeal to the district societies to make and forward their collections.

"Committee on Scientific Communications reported. Voted, that the hour of 11, A. M., at the next Annual Meeting, be fixed for scientific and professional communications and discussions thereon. The great importance of such communications was duly enforced, and the assurance given that the exclusion from the annual meeting of all discussions relating to *By-Laws* would give time for such papers and discussions. Committee of last year continued."

Sanitary Measures. — Dr. Clark's address before the Suffolk District Medical Society is upon the subject of the superiority of sanitary measures over quarantines. England and France are making progress in the right direction, but here in the United States it is extremely difficult to change, even for the better, where health is contemplated; and hence the useless machinery of a complicated quarantine is still persisted in, both at N. York and Philadelphia, the very ports, of all others in America, which should be free from embarrassments to commerce. Boston has a more rational system in this respect than either of those great cities. But the burial of the dead within our limits, even under some of our churches, shows that we are behind the age. How much longer this culpably bad custom is to be maintained, just because our ancestors knew no better than to concentrate the dead in the midst of the living, remains to be determined. When that nuisance is abated—when grave yards within the city are forever closed, and further intermural transgressions against the fundamental laws of health are no longer tolerated—an improved state of things may be anticipated. It is quite impossible to ascertain what amount of destructive influence is referable to the decomposition of the hundreds of decaying human bodies, buried in our city cemeteries. The opinion is general, that

it would be wise to have them transported to rural cemeteries in the country, as the atmosphere around them must necessarily be loaded with impurities.

Indiana Medical Society.—Samuel Grimes, M.D., of Delhi, addressed the profession of the State of Indiana, on the 20th of May, at New Albany, in a felicitous manner. He exhibited what are called medical reformers, without mercy, and many of them would loathe themselves were they to see the portraiture drawn of them by the speaker. With becoming zeal Dr. Grimes rebukes the radical spirit of the times, which encourages the ignorant to tamper with health, as though life were of no importance when individual ambition happens to be the prevailing "motive power." No topic which properly comes within the range of a well-informed mind, and having a bearing on the general interest and character of medical practitioners, appears to have escaped his searching scrutiny. Medical schools must take high ground, and faithfully instruct those who are to go among the people. We have but one objection in regard to the discourse. Instead of being given to a country paper, which it is scarcely possible one physician in a hundred, even in the western States, will ever see, it should have been transmitted to a medical journal, the appropriate organ for such productions. Dr. Grimes is hopeful, and evidently ambitious that the State from which he hails shall maintain an honorable position in the brotherhood. He says:

"In order to give effect to our wishes and intentions on all that relates to the improvement and elevation of our profession, we must act through our State Society *organization*. Indiana, in this respect, will not, I hope, be backward in rivalling her sister States; some of which, as Pennsylvania, New York and Tennessee, furnish, in their transactions, commendable example for imitation. For this purpose it is all-important that the County Societies should be well organized, as on their efficiency will depend the weight and character of the State Society. From each of them we may expect an account of the medical topography of the county, and of the diseases to which it is subject in successive seasons, together with those of an evidently epidemic nature. Clearness and brevity should be consulted in these descriptions and histories, if it is desired to render them acceptable to hearers or readers, and creditable to their authors.

"I would recommend our Society to petition the Legislature for an act requiring a registration of births, deaths and marriages, so that we may be furnished with valuable *vital statistics*, and which will serve as a basis for many exceedingly interesting inquiries both of medical and general value."

University of Nashville.—Mention has heretofore been made of the spirited medical school of Nashville, Tennessee—a department of the University of that place. A catalogue of the University has been received within a few days, that fully sustains the opinion entertained in regard to its completeness and efficiency. Thirty-three were graduated at the close of the term. Ample preparations are in progress for a brilliant lecture term the coming season. A story seems to have been propagated, injurious to the reputation of the school, that there was a scarcity of material for anatomical pursuits. This is contradicted. An abundance of whatever is necessary is at the command of the students, and the lectures in all re-

spects are of a most elevated character. It would not be surprising were Nashville to become a great medical centre. All the elements of a popular college of medicine are there. Industry, a liberal policy, and the frank, generous deportment of the faculty, raise high expectations in this direction.

Sick Room Furniture.—A notice in the Journal recently of a fixture to a common bedstead, for the special service of the sick, has brought out another ingenious device, rather more complicated, but admirable in all respects. It is called the *invalid couch*, and may be examined at 21 Bromfield st. It is a frame-work, with a simple combination of levers, which may be put into all kinds of angles to meet the ever-varying whims or necessity of a sick patient. Of course we shall not pretend to criticize the mechanism. In one of the many Protean forms, it is a sofa; next a lounge, with or without arms; then an inclined plane; and then, presto, it is something else, designed to promote the comfort of those who are uncomfortable. By these inventions and constructions our ingenious mechanics are really doing physicians as well as the sick a kind service. And that is not all. Another set of minds may be quickened to invent or improve upon what is now thought so very clever.

Summer Epidemics.—Formerly, physicians had considerable to say upon summer epidemics, as though they were a fixture at certain times and in certain sections of the country. It is true that there are occasional intimations of a tendency that way, and the mortality of a city increases as the summer advances; but the very general cultivation of the land in N. England, the drainage of fields in the neighborhood of villages, careful attention in locating dwellings, the facilities for procuring pure water, and the increased intelligence of the inhabitants generally, as manifested in other respects, has had something to do in overcoming an epidemical tendency. In old houses, thickly clustered together, so that the sun cannot penetrate into all the crooked by-ways in which they are situated, and in which the poor and negligent usually monopolize every apartment that will give a tolerable shelter, the most formidable types of malignant disease are liable to manifest their energy. The conservators of the public health are quite familiar with this fact, and by keeping a vigilant eye on such receptacles of filth, neglect and poverty, they are often able to prevent a sudden outbreak of disease. Practitioners of medicine, too, understand better than formerly how to meet these messengers of terror. It is reasonable to expect, therefore, that the community will not suffer, as in times past, either in imagination or reality, from sudden developments of anomalous summer distempers, coming and going without being clearly understood beyond the destruction that marked their track.

Medical Anniversary Discourse.—The papers of Berkshire county speak in terms of warm commendation of Dr. Sabin's discourse before the Mass. Medical Society. It was on the duties, trials and pleasures of the profession, and was marked by "his accustomed vigor of thought and beauty of style," says the Pittsfield Sun. When published, we shall allude to it more particularly.

Boa Vista Fever.—A series of public documents, in folio, were ordered to be printed by the British Parliament in 1848, made up of letters and reports from Gilbert King, M.D., inspector of hospitals; Sir William Pym, Superintendent General of Quarantine, together with a report by J. O. M'Williams, M.D., Medical Inspector of Customs. Copies were received from England at that time, and a brief notice of the subject was given in the Journal. In the years 1845 and 1846, an epidemic fever prevailed in the Island of Boa Vista, one of the Cape de Verdes. A question arose whether the disease was introduced there by an English government vessel, the *Eclair*, or had its origin from some other source. Each medical official, and some persons who only held a military station, addressed the Lords of the Privy Council on the subject—which finally took the form of a kind of controversy of opinions. It would take half a dozen pages to give the facts, and then they would be of no value, since it is difficult to decide which of the three who figure most prominently in the correspondence has the right of the story. Those who take pleasure in studying the anatomy of a case like this, are welcome to the use of the papers to make their own investigations.

Sulphate of Bebeerine.—Dr. H. S. Patterson, of Philadelphia, gives some account, in the *Medical Examiner*, of his use of this new article as a substitute for sulphate of quinia. He says—"The sulphate of bebeerine has been shown, by Dr. MacLagan, of Edinburgh, to be a medicine of very considerable anti-periodic power, closely resembling the corresponding salt of quinia, and in many respects equal to it, possibly superior. It is obtained from Bebeeru or Green-heart (*Nectandra Rodiei*), of British Guiana, a tree of considerable size and extremely abundant. The bark yields the alkaloid largely, but it is particularly abundant in the nut. A decoction of the latter is the ordinary popular remedy for intermittent fever in Demarara; and, as I am informed by an intelligent gentleman of that place, seldom, if ever, fails to arrest the disease. The nut may be collected in almost indefinite quantities, and could be obtained here, if a demand were created, for little more than the expense of collection and transportation. The process for separating the alkaloid is almost identical with that of quinia, and not more expensive. If, therefore, it proves on trial equal in efficacy to that alkaloid, we will have a cheap and effective substitute within the reach of all. The subject certainly deserves a more extended investigation than it has hitherto received."

Epidemiological Society.—This medical organization was formed in London, December 2, 1850. It contemplates a systematic investigation of epidemic diseases. Dr. Babington's address, on opening the first session, is very much beneath what might be expected from a man of his marked medical position. He is president of the society, but his discourse is a tame, cold, common-place piece of composition, that could not have been received from a less elevated source with any expressions of approbation.

Vermont Medical College.—The Annual Commencement exercises took place on the 16th ult., which consisted of Vocal Music, an address by Judge Collamer, conferring of degrees, &c. Several young gentlemen who graduated, presented claims for the honors of the Institution highly creditable. The class of graduates numbered twenty-four.

Pennsylvania Medical College.—Dr. I. M. Allen has been appointed Professor of Anatomy; Dr. F. G. Smith, Professor of the Institutes of Medicine; and Dr. J. J. Reese, Professor of Medical Chemistry and Pharmacy, in this school. These appointments will add strength to the school.

M. Chomel.—Politics affect even the peaceable science of medicine. M. Chomel, the celebrated Parisian physician, having refused to take the oath to the President, required by the *quasi*-constitution, has vacated his professorship at the College of Medicine.

Medical Miscellany.—A lady of Stamford, Conn., died last week in consequence of inhaling chloroform, preparatory to the extraction of a tooth.—Massachusetts has 126 inhabitants to every square mile, and New York only 67.—The degree of M.D. was conferred by Columbia College, commencement day, on Drs. De Bandelevin, of S. C., and C. Lewis, of Kentucky.—There were but 13 deaths, last quarter, at the Chelsea Marine Hospital. June 30th, 76 patients were under treatment. Dr. Ingalls is giving gratifying satisfaction. He is skilful, attentive and humane.—It seems that 40,000 persons died of cholera at Jamaica, last year.—John Batlin died a short time since, near New York, aged 100 years. Before sunrise daily, he had walked on the Battery for 40 successive years.—The Jews of New York contemplate a hospital for their own poor.—Three members of the London Commission on Sewers have died from exposure to the worst of atmospheres, in their official examinations under ground.—Morrison, the notorious patent medicine man, is reported to have paid for advertisements, between the years 1830 and 1844, the enormous sum of \$540,000.—There are 100 regular physicians in Chester Co., Pennsylvania.—A young woman was lately delivered in Cork of four living children, two boys and two girls, who, with the mother, are reported "to be well as can be expected." Quadruple births are somewhat rare, but it is still more rare to find that all the four children survive.

MARRIED,—Dr. L. C. Dolly, Rochester, N. Y., to Miss S. R. Adams.—Dr. L. N. Jones, of Belleville, C. W., to Miss M. C. Perry.—Dr. A. W. Fenner, of Rochester, N. Y., to Miss J. M. J. Mattison.

DIED,—Dr. Joseph Prescott, the last survivor of the original Society of the Cineinnati, at Halifax, Nova Scotia, on the 25th ult., in the 91st year of his age. Dr. Prescott and the late Dr. Thacher served together as physicians in our revolutionary army.—At N. Haven, Conn., Dr. John R. Chapin, of New York, 41.—At Edinburgh, on the 15th of May, Dr. William Thomson, Professor of the Practice of Physic in the University of Glasgow, in the 50th year of his age. Dr. T. was the eldest son of the distinguished Prof. John Thomson, and brother of Allen Thomson. He was the author of a work on the diseases of the liver, and the earliest to describe the spurious melanosis of the lung, or miner's phthisis.

Deaths in Boston—for the week ending Saturday noon, July 10th, 74.—Males, 32—females, 42. Accidental, 3—disease of bowels, 2—inflammation of brain, 1—congestion of brain, 1—consumption, 14—convulsions, 5—coup de soleil, 1—cholera infantum, 1—cancer, 1—eroup, 1—dysentery, 2—diarrhoea, 1—dropsy, 1—dropsy of brain, 3—crispelas, 2—fever, 1—typhoid fever, 2—scarlet fever, 6—disease of the heart, 2—infantile, 6—inflammation of the lungs, 4—marasmus, 4—measles, 1—old age, 3—puerperal, 1—teething, 4—thrush, 1—unknown, 1.

Under 5 years, 33—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 15—over 60 years, 4. Americans, 27; foreigners and children of foreigners, 47. The above includes 9 deaths at the City institutions.

Astringent or Anti-diarrhæal Mixture.—Tinct. Catechu, two parts; Tinct. Opii, Tinct. Camphoræ, Tinct. Myrrhæ, Tinct. Capsici, of each one part. Mix—dose, from one to two teaspoonfuls.

This is a prescription we having been using constantly for the last ten years in the treatment of ordinary cases of diarrhœa and cholera morbus, with such marked success that we have been very frequently applied to for it. It should not be given until the discharges have been sufficient to empty the bowels completely. In most cases of diarrhœa a teaspoonful given in a wine-glass full of water morning and night, or three times a day, will speedily arrest the disease. In cholera morbus the dose should be doubled. If it be borne in mind that it contains one part of laudanum in six, the dose may be easily graduated for children. To a child one year of age we usually give from 12 to 24 drops, and by its timely use may generally arrest the attacks to which they are so subject in spring and summer. The remedy is rarely useful in dysentery.—*Southern Med. and Surg. Journal.*

An Eye destroyed by a Bird-shot.—Mr. — was hunting birds on the 11th March, 1843, when, in order to secure their game, he took one side of the field and his brother the other, the distance between them being supposed sufficiently great not to incur any risk in firing towards each other. His brother fired, and a single shot seems to have reached Mr. —. This passed through the cornea and lodged within the globe of the eye. There being but little pain, and several days passing without much inflammation, the patient flattered himself that the accident would not prove very serious. The pain, however, began to be acute, inflammation rapidly increased, the eye swelled out enormously, and the patient was finally relieved by excision of the cornea, which allowed the disorganized humors to escape with the shot in their midst. Recovery took place in the usual time, and a glass eye was substituted, which very effectually obviates the deformity.

The reporter finds in the Southern Medical and Surgical Journal, for 1838 (vol. 2, p. 647), several cases recorded, in which Prof. Dugas resorted to excision of the cornea for the purpose of relieving great local pain and constitutional disturbance consequent upon a disorganization of the contents of the eye. Whenever the eye is irretrievably lost and proves a source of serious annoyance, Prof. D. thinks that it should be at once emptied, both as a measure of relief and as a security against sympathetic disease in the sound organ. He has never found any bad effects from such a course.—*Southern Medical and Surgical Journal.*

British Lying-in Hospital for Married Women.—This hospital, which was opened in Endell street, Long-acre, last February, and upon the erection of which a large sum of money had been expended, is, we regret to say, so crippled in finances as to be compelled to close a number of its wards. This deficiency in its exchequer arises from numberless deaths amongst its old supporters. It is, however, to be hoped that so useful an institution, after dispensing its benefits for one hundred and three years, will not be allowed to languish from want of proper support.—*Lancet.*

New Work in London.—Just published, The Principles and Practice of Surgery. By William Pirrie, F.R.S.E., Regius Professor of Surgery in the University of Aberdeen. With numerous engravings on Wood.

THE

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SPECIAL TREATMENT OF PHTHISIS PULMONALIS.

BY PROF. J. H. BENNETT, M.D., EDINBURGH.

UNDER the head of general treatment of phthisis pulmonalis, I have pointed out the means of meeting the three indications which should never be lost sight of in this disease. But every case requires a special treatment in addition, which will depend on the unusual severity of this or that symptom, or the existence of peculiar complications. It is to the undue importance given to this special, as distinguished from the general treatment, that I attribute much of that want of success experienced by practitioners. Thus it is by no means uncommon to meet with patients who are taking at the same time a mixture containing squills and ipecacuanha to relieve the cough; an anodyne draught to cause sleep and diminish irritability; a mixture containing catechu, gallic acid, tannin or other astringents, to check diarrhœa; acetate of lead and opium pills to diminish hæmoptysis; sulphuric acid drops to relieve the sweating; and cod-liver oil in addition. I have seen many persons taking all these medicines and several others at one time, with a mass of bottles and boxes at the bed-side sufficient to furnish an apothecary's shop, without its ever suggesting itself apparently to the practitioner, that the stomach drenched with so many nauseating things is thereby prevented from performing its healthy functions. In many cases there can be little doubt that this treatment of symptoms, with a view to their palliation, whilst it destroys all hope of cure, ultimately fails to relieve even the particular functional derangement to which it is directed. Still these symptoms require attention; but their causes, and the means required for their relief, will be best understood by speaking of each in succession.

Loss of Appetite and Anorexia — These are the most constant and important symptoms of phthisis, inasmuch as they interfere more than any other with the nutritive processes. If food, or its substitute, cod-liver oil, cannot be taken and digested, it is vain to hope for amelioration in any of the essential symptoms of the disease. Here I must guard you from making a mistake, into which the inexperienced are very liable to fall. Nothing is more common than for phthisical patients to tell their medical attendants that their appetite is good, and that they eat plentifully, when more careful inquiry proves that the consumption of

food is altogether inadequate, and that they loathe all kinds of animal diet. You should never be satisfied with general statements, but determine the kind and amount of food taken, when you will be at no loss to discover, in the vast majority of cases, sufficient proof of the derangement of the appetite and digestive powers formerly alluded to. Very commonly, also, you will discover acid and other unpleasant tastes in the mouth. In all such cases, especially if too much medicine has been already given, you should allow the stomach to repose itself before giving anything, even cod-liver oil. Sweet milk with toasted bread, and small portions of meat nicely cooked, so as to tempt the capricious appetite, should be tried. Then ten drops of the sp. ammon. aromat., given every four hours in a wine-glassful of some bitter infusion, such as that of columbo or gentian, with a little tr. aurantii, tr. cardamomi, or other carminative. In this way the stomach often regains its tone, food is taken better, and then you may try cod-liver oil, first in teaspoonful doses, cautiously increased. Should this plan succeed, you will be almost sure to observe amelioration in the symptoms.

Nausea and Vomiting.—Not unfrequently the stomach is still more deranged; there is a feeling of nausea and even vomiting on taking food. In the later stages of phthisis, vomiting is also sometimes occasioned by violence of the cough, and the propagation of reflex actions, by means of the par vagum, to the stomach. In the former case, the sickness is to be alleviated by carefully avoiding all those substances which are likely to occasion a nauseating effect, not overloading the stomach, and allowing it to have repose. I have found the following mixture very effectual in checking the vomiting in phthisis. R. Naphthæ medicinalis, ʒj.; tr. cardamomi comp., ʒj.; mist. camphoræ, ʒij. M. fit. mist. Of which a tablespoonful may be taken every four hours. When it depends on the cough, those remedies advised for that symptom should be given.

Diarrhæa.—This is a very common symptom throughout the whole progress of phthisis, at first depending on the excess of acidity in the alimentary canal, to which we have alluded, but in advanced cases connected with tubercular deposition and ulceration in the intestinal glands. The best method of checking this troublesome symptom is by improving the quality and amount of the food. The moment the digestive processes are renovated, this, with the other functional derangements of the alimentary canal, will disappear. Hence, at an early period we should avoid large doses of opium, gallic acid, tannin, and other powerful astringents, and depend upon the mildest remedies of this class, such as chalk with aromatic confection, or an antacid, such as a few grains of carbonate of potash. When, on the other hand, in advanced phthisis, continued diarrhœa appears, and is obstinate under such treatment, then it may be presumed that tubercular disease of the intestine is present, and the stronger astringents with opium may be given as palliatives.

Cough and Expectoration.—At first the cough in phthisis is dry and hacking. When tubercle softens or bronchitis is present, it becomes moist and more prolonged. When excavations exist, it is hollow and reverberating. In every case cough is a spasmodic action, occasioned by

exciting the branches of the pneumogastric nerves, and causing simultaneous reflex movements in the bronchial tubes and muscles of the chest. The expectoration following dry cough is at first scanty and muco-purulent, afterwards copious and purulent. When it assumes the nummular form—that is, occurs in viscid rounded masses, swimming in scanty clear mucus, it is generally brought up from pulmonary excavations. The accumulation of the sputum in the bronchial tubes is an excitor of cough; and hence the latter symptom is often best combated by those means which diminish the amount of sputum. When, on the other hand, the cough is dry, those remedies should be used which diminish the sensibility of the nerves. In the first case, the amount of mucus and pus formed will materially depend on the weakness of the body and the onward progress of the tubercle. Hence good nourishment and attending to the digestive functions is the best method of checking both the cough and expectoration; whereas giving nauseating mixtures of ipecacuanha and squills is perhaps the worst treatment that can be employed. There is no point which experience has rendered me more certain of, than that, however you may palliate these symptoms by cough and anodyne remedies, you thereby render the stomach intolerant of food, and so impede the curative tendency of the disease. On the other hand, nothing is more remarkable than the spontaneous cessation of the cough and expectoration on the restoration of the digestive functions and improvement in nutrition. When the cough is dry, as may occur in the first stage, with crude tubercle, and in the last stage with dry cavities, counter-irritation is the best remedy, employed in various forms. Opium may palliate, but never cures.

Hæmoptysis.—This symptom sometimes appears suddenly in individuals in whom there has been no previous suspicion of phthisis, and in whom, on careful examination, no physical signs of the disease can be detected. On other occasions, the sputum may be more or less streaked with blood; and lastly, it may occur in the advanced stage of the disease, apparently from ulceration of a tolerably large vessel. In all these cases the best remedy is perfect quietude, and avoidance of every kind of excitement, bodily and mental. Astringents have been recommended, especially acetate of lead and opium; but how these remedies can operate, I am at a loss to understand; and I have never seen a case in which their administration was unequivocally useful. I have now met with several cases where supposed pulmonary hemorrhage really originated in follicular disease of the pharynx or larynx, and which, with the supposed phthisical symptoms, were removed by the use of the probang and nitrate of silver solution.

Sweating I regard as a symptom of weakness, and therefore as a common, though by no means a special, one in phthisis. Here, again, the truly curative treatment will consist in renovating the nutritive processes, and adding strength to the economy. It will always be observed, that if cod-liver oil and good diet produce their beneficial effect, then the sweating, together with the cough and expectoration, ceases. On the other hand, giving acid drops to relieve this symptom, as is the common practice, by adding to the already acid state of the alimentary canal,

is directly opposed to the digestion of the fatty principles which require assimilation.

Cancer of the Lung, Thyroid Body, and Lymphatic Glands of the Neck; Bronchitis.

Margaret Stewart, a cook, æt. 60, admitted into the clinical ward July 16, 1851. For some years back she has been subject to a short dry cough, which has never been troublesome except after cooking a larger dinner than usual. With the exception of an attack of diarrhœa when the cholera was prevalent, she has been more or less constipated. Has never suffered from epistaxis or other form of hemorrhage. Four weeks ago she first perceived a swelling in the neck, which, commencing in front, has gradually spread towards the right side. Latterly her breathing has become short and hurried; her strength has decreased, and the cough has been accompanied by considerable expectoration. On admission, the neck presents a prominent indurated swelling anteriorly, measuring about four inches in diameter, evidently owing to enlargement of the thyroid body. A chain of enlarged glands extends from the anterior swelling round the right side of the neck, a little beyond the ear. She complains of great weakness, constant sweating at night, and cough with copious frothy expectoration. The chest is everywhere resonant on percussion. There are loud sonorous and moist râles heard over the whole chest, especially posteriorly and inferiorly. The vocal resonance is also unusually loud, but equal on both sides. The tongue is furred, dark brown in the centre, deglutition difficult, apparently from pressure of the enlarged cervical glands. The appetite is bad, with an acid taste in the mouth. Other functions properly performed. She continued in this condition for several days, during which iodine and counter-irritants were applied to the neck, and expectorants and antispasmodics taken internally to relieve the cough. The dyspnœa, however, gradually increased; deglutition became more difficult, and her strength diminished. On the 30th of July the urine was ascertained to contain albumen, which had previously not existed. She died without a struggle, August 5th.

Sectio Cadaveris, Aug. 17th.—Body greatly emaciated.

Neck.—On dissecting the integuments from the neck on the right side, a considerable number of glands, about the size of a barley-corn and small pea, were observed in clusters between the platysma myoides and the sterno-mastoid muscle. A hard tumor existed in front of the neck, stretching along the whole front of the trachea, and over the great vessels on either side beneath the sterno-mastoid muscles, and posteriorly on the right side, as far back as the transverse processes of the vertebræ, and down beneath the clavicle to the anterior surface of the first rib, where it was firmly adherent to the periosteum. A prolongation of the tumor, about the size of two walnuts, passed beneath the sternum at its upper end, being attached to its periosteum. This prolongation on section presented the outline of a congeries of enlarged lymphatic glands, having a white appearance, in some places soft, and even diffuent and yielding on pressure a copious milky cancerous juice.

Chest.—There were lax adhesions at various points on the pleura on both sides. The pleural cavities contained a little fluid on the right side, amounting to about five ounces. At the lower part of the left lung, and also at the back part of right lung, there was a small amount of recent membranous exudation. A multitude of small cancerous nodules were scattered throughout the whole of both lungs. Some were immediately below the pleuræ, and some in the substance of the organs. For the most part these masses were scattered pretty equally, being as numerous at the base as at the apex, and varying from the size of a millet seed to that of a small walnut. Some were of firm consistence and others soft and friable, presenting various degrees of induration. They all on pressure yielded a copious milky juice. The mucous membrane of the bronchi was of a mahogany color, and the tubes more or less filled with muco-purulent matter.

Abdominal organs healthy.

Microscopic Examination.—The cancerous juice squeezed from the cervical glands, and the nodules scattered throughout the lungs, contained numerous cancer-cells, which it is unnecessary to describe minutely here. Associated with these were a considerable number of round colorless corpuscles, varying in diameter from the one hundred and fiftieth to the one hundredth of a millimetre in diameter. An unusual number of these cells also existed in the blood, as was determined both before and after death.

Commentary.—Cancer of the lung may occur in two distinct forms: 1st, That of disseminated nodules; 2d, That of infiltrated masses. In the former case there are no physical signs, or functional symptoms, which indicate the presence of cancer; in the latter there are unusual dulness, and resistance on percussion, increased vocal resonance and tubular breathing, or diminished respiration, according to the density and extent of the cancerous infiltration. If with these signs there be indications of the existence of cancer in other parts of the body, there will be little difficulty in forming the diagnosis; and even should this be absent, the history of the case, advanced period of life, and the non-existence of moist rattles will, in the majority of cases, be sufficient.

In the case before us, the chest was frequently examined with great care, and was ascertained to be everywhere resonant on percussion. Loud sonorous and moist râles were heard on both sides, especially posteriorly and inferiorly. Hence there were all the signs of bronchitis, which was found afterwards to exist; but there was associated with them unusually loud vocal resonance, equal on both sides. It occurred to me at the time that this sign was merely indicative of diminished volume in the lungs; but, after the dissection, it became manifest that it was owing to increased density of the organs, from the disseminated cancerous nodules. Whether the conjoined signs of augmented or unusual resonance of the lungs, bronchitis, and increased vocal resonance, will prove diagnostic in such cases, further experience only can determine. Doubtless it will always be difficult to separate such signs, dependent on nodular cancer, from those connected with collapse of the lung, which Dr. Gairdner has shown to be so common a result of chronic bronchitis.

Edinburgh Monthly Medical Journal.

To the Editor of the Boston Medical and Surgical Journal.

DEAR Sir,—The letters which I propose to translate made their appearance in Paris during the last year. The conciseness and clearness of M. Ricord's views upon the important subject of venereal diseases, as shown in these familiar epistles, caused them to have a wide and ready circulation in France. I have thought that a translation of them would be equally well received in this country, as well as everything coming from the pen of this great master. Your Journal, in which you have kindly permitted them to appear, will insure them a wide circulation.

Boston, July, 1852.

Respectfully yours,

D. D. S.

LETTERS UPON SYPHILIS,

Addressed to the Editor of *L'Union Medicale*, by P. Ricord. Translated from the French by D. D. SLADE, M.D., Boston, and communicated for the *Boston Med. and Surg. Jour.*

FIRST LETTER.

My Dear Friend,—The modern doctrine upon syphilis meets the lot of every scientific discovery. For nearly twenty years I have sought by teachings and by my works to infuse this doctrine into the minds of my cotemporaries. I see, however, that it is not equally understood by all the world; certain adversaries still raise objections, which I have refuted a hundred times; and more curious still, certain others take up objections started by myself, and imagine, a little ingenuously, perhaps, to subdue me by arguments which I have introduced into this discussion. At this I am neither astonished nor indignant. I find in it, on the contrary, a new incentive to continue my task, and far from complaining of my adversaries, I shall thank them rather for not suffering my zeal to languish, by thus keeping it awakened. Therefore, I ask of you permission to give to the world, through the columns of your widely-spread Journal, the true doctrines of the "*Hopital du Midi*." I ought to tell you that it is more a general exposition, that I intend to make, than a special reply. Upon my path I shall meet with objections, and I shall try to answer them. I shall preoccupy myself also as far as I ought, with a recent publication from the pen of one of our fellow-laborers, who to find followers had no need of going to seek them modestly "*en Province*." I present to you, my dear friend, a preliminary reflection induced by the publication of which I have just made mention. Although it is not given to an observer to see all the facts of one entire department of pathology, and to establish a general system, we must not conclude that this observer has not seen, done or established anything that his studies and his researches ought to be regarded as useless, and that we ought to hold his teachings as nothing.

This manner of philosophizing in medicine, perhaps a little too common at the present day, is convenient and expeditious, but it is neither true nor just. In syphilography especially, this manner of proceeding would lead to deplorable errors. A serious study of our art demands more moderation in language, more justice in appreciation. For myself, I am pleased to recognize and to say, that far from disdaining everything in syphilographic literature, those who know how to search for them can find worthy and curious observations, good precepts, even sometimes doctrinal

whims which, in discrediting their source, no one thinks worthy to exhume. Certainly the long discussions upon mercury, guaiacum, sarsaparilla, are not entirely void of utility. Light can be thrown upon the history of blenorragia by the observations of those who have preceded us. Without doubt the spirit of charlatanism and of speculation have left too frequent traces of their passage, but you will find often the marks of judicious minds, of a true scientific tendency, and praiseworthy efforts to arrive at a classification and a doctrine. These works, if they had no other interest than that of giving the ideas and opinions of past times, would not merit the disdain, in my opinion unjust, which some have wished to throw upon them. I shall say the same of modern observers. The critic, I know and I think to have proved it, finds frequent opportunities to exercise himself upon their works. But is that saying that we should hold them of no account? Far from me this unjust thought. On the contrary I hold in great estimation the works of Bell, of J. Hunter, and of Swediaur; the time has come to render complete justice to Cullerier, to M. Lagneau especially, whose reputation was legitimately popular, in fine to all those industrious and intelligent laborers in our science who by conscientious studies have with difficulty opened the road in which we can march more freely. Would I be unjust towards my cotemporaries? Heaven forbid, dear friend. Whatever may be our differences, it is with pleasure and spontaneously that I render the most sincere homage to the works of MM. Baumes, Gibert, Cazenave, Cullerier neveu, Bottex, Ratier, Puche, Diday, Reynaud, Payan, Lafont Gouzi, Venot, in France; of Wallace, Carmichael, Babington, and of my pupils Acton and Meric in England; Thiry, Herion, in Belgium; to the remarkable publications of laborious Germany and industrious Italy. I do not feel any sentiments of injustice or of hatred either towards the past or towards the present. You will excuse me from declaring this very distinctly before entering upon my subject. I explicitly say that I do not partake in any way the opinion of those unreasonable critics to whom ancient and modern syphilographic literature is but trash unworthy of attention. I believe, on the contrary, that this branch of pathology is as fertile as any other in useful works and in valuable researches. However, the labors of ancients and moderns could not preserve this portion of our science from the general revolution brought upon medicine by the physiological doctrine. The school of Broussais, in blotting out the past, had again questioned everything. Was there a syphilitic virus? The virole, did it exist? You know how physiologism resolved these questions. The greatest confusion reigned in the science, and was introduced into the publications of the times. Doubt was everywhere, certainty nowhere. It was at this time, that having become by "Concours" surgeon of the central bureau of hospitals, chance caused me to enter the hospital "du Midi." There I encountered a man, honest and loyal, a practitioner earnest and strict, M. Cullerier, who abandoning the traditions of family, so to speak, took upon himself to doubt his own observations, and appeared no longer to believe in that which he had seen. Everywhere doubt had taken the place of belief. The cause of syphilis was doubted, its

effects also, and, in consequence, its therapeutics. And remark, that which they called the modern doctrine was presented surrounded by much scientific display. M. Richond des Brus had written an enormous book filled entirely with facts; M. Desruelles supported new ideas upon statistics, which passed for being indisputable; all exerted themselves from the desire to combat the speciality of the disease, and the remedy. History was made to contribute largely by a very learned writer of our century, who in one of the most remarkable works of our time amused himself with taking the observers "*corps à corps*," and placing them in opposition with themselves. An easy triumph, if the critic, in a severe and partial analysis, does not know how to establish a marked difference between the author's own ideas, those which result from his researches from his own observations, and those which he draws from the scientific medicine of his day. The former are useful materials and worthy of preservation, the latter constitute the prejudices of the epoch, and have no historical value. Jourdan did not make this distinction; it sufficed for him to combat the speciality of syphilis, to show the confusion in the contradictory opinion of our predecessors, and this he did with a profuseness of learning which would have been extolled in a sounder critic.

Such, then, was the state of minds and of science when I entered the Hospital "*du Midi*." For some there was a destroyed edifice to rebuild; for others, at least, it was to be consolidated. That which was especially necessary was to take up again the study of the cause of syphilis. Is there a special cause, a virus? or do venereal accidents spring from a common cause? For this research and study, two modes of investigation were offered to me. The first was the simple observation of phenomena, that observation which our predecessors had practised, and which had conducted them to opinions so different; to observation similar to that of Devergie, analogous to facts already reported by Vigaroux, by Bugny, &c.; to that observation, for example, relative to three officers, who had connection with the same young female suffering from a discharge, and who all three found themselves infected, the one with an urethritis, the second with a chancre, and the third with vegetations. It is true that Devergie has deprived history of a slight information—that of the precise state in which he found this young woman, whom he had not examined with the speculum. Evidently this mode of investigation was worn out, and could only conduct to barrenness or confusion of results. The second mode satisfied my mind better; in other respects it was more in conformity with the demands of modern science; it seemed to me to open a sure way to study, and to conduct to incontestable results. I mean experimentation. I proposed to myself the following obligations: To follow the cause of syphilis to a known source; to place it upon a region visible and easy to observe; to note the effects.

You see, experimentation alone could fill these conditions. But already experimentation had been consulted, and through it contradictory conclusions had been arrived at. When J. Hunter said yes—Carru, Bru, Jourdan, Devergie and M. Desruelles said no. To what could

such different conclusions be owing, after the employment of the same method of investigation. I did not know then, but I have learned since. That which my reason convinced me then, was that experimentation, well and accurately made, ought to conduct to precise results, and that the differences of experimenters should not discourage me. These researches were difficult and delicate. Conviction was necessary, and, I say it also, courage, to undertake them. It was necessary to be sure of thoroughly appreciating the conditions in which I was about to act ; it was necessary to aid myself by antecedent experimentations ; it was especially necessary to support myself upon the purity of my intentions, and upon the testimony of my conscience. I was not contented, in fact, with the great name of Hunter, with the experimenters cited by Bell, with the work of Hernandez, although crowned by the Academy of Besançon ; with the authority of Percy, and other great names as recommendable ; but I wished to study the question in itself, to place myself in the condition of a true inventor, in order to take upon myself all the responsibility of the results.

How was it necessary to proceed to this experimentation ? I could inoculate a healthy individual from a patient. I could experiment upon the patient himself. The first mode, that is the inoculation of a healthy individual from a patient, appeared to me one that should be always be rejected by the physician. I do not think that we have the right to make such experiments. Not only the physician cannot make use of his natural authority to induce an individual to undergo experiments of this nature, but I think that the physician ought to resist against the wishes of those, who seduced by a generous devotion, wish to voluntarily expose themselves to the risk of experimentation. I do not cast any blame upon those who have acted differently. I repeat, only, that, for me, I did not wish to proceed in this way.

The experimentation upon the patient himself remained—would this offer inconveniences and dangers for the patient ? In case it did not, would it conduct to conclusive results ? Here is what history, observation, and experience learned me in this respect. It was generally admitted that a first contagion would not prevent a second, and the old proverb of “ *virole sur virole* ” had yet all its authority. We know today what this means. As to the inconveniences and the dangers, we see every day that it is rare that the primary accidents are isolated, that they multiply themselves with great rapidity, and that, to speak explicitly, the gravity of the disease is not in relation to the number of these accidents. Thus, to throw light upon such an important question of etiology and of practice, art could, without inconvenience, do that which nature constantly does. A much more important question presented itself here. The grave and consecutive accidents of infection being feared, ought they to be in accordance with the number of primitive lesions. Strict observation, and the clinical observation of all times, has proved and proves every day, that the constitutional virole is not in ratio with the number of primitive accidents, *existing at the same time and developed at the same epoch*. One accident more does not add any more chance of infection—if we know how to direct the experimentation.

The question of surface remained, to know if an extensive ulceration exposes more to a general infection than an ulceration of small size. Well, here again observation has shown that a more or less extent of primitive ulceration has no influence upon the production of consecutive accidents. A very small chancre exposes just as much to a general infection as a very extensive one; and, *vice versa*, a large ulceration exposes neither more nor less than a small one. In fine, the question of the seat of the ulceration remained, of the place of election for experimental inoculations. It had been said by Boerhaave, among others, that venereal accidents contracted in other ways than by the genital organs, presented a very great gravity; but clinical observation proved to me, and it has shown me since, that this opinion was erroneous. I well know that upon this point a great noise has been made of diseases contracted by physicians, by midwives, in consequence of examinations, of wounds, &c. There are very good reasons, but I do not wish to point them out here, why these accidents should give rise to a great commotion. What I can say without injuring any rules of propriety, is, that the men of art to whom these accidents happen, have no motive to conceal them, while common people attacked by syphilis have always strong motives to keep quiet.

I rested, then, convinced that the seat of the ulceration could have no unfavorable influence upon the production of consecutive accidents, but even that it could diminish or annihilate certain grave consequences, such as the production of buboes. Thus observation had already proved that the primary chancres of the thigh were almost never followed by enlarged glands, and in fact in my numerous experiments, I have never seen enlarged glands follow from the punctures of inoculation upon the thigh.

Thus, my dear friend, by history, by clinical observation of all times, by experimenters who had preceded me, by the testimony of my own conscience strictly interrogated, I arrived at this encouraging conclusion. In experimenting upon the patient himself I did not communicate another disease. I did not increase the gravity of the accident by which he was already attacked. I did not expose him more to the chances of a consecutive infection.

These first and capital conditions being ascertained, it was necessary to search out those which offered to science and art all the guarantees to be desired. An explanation upon this point will be the subject of my second letter.

Yours, &c. RICORD.

CHRONIC ARTHRITICUS.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is a species of chronic rheumatism, not consequent upon an acute and well-marked fibrous attack; of long duration and extremely harassing from its frequent recurrence and the pain and distortion it entails. Not unfrequently wandering neuric pains (*rheumatismus spurius nervosus*) are mistaken for arthriticus and myositis. In the chro-

nic form referred to, the disorder commences perhaps by painful sensations in the limbs, often first perceived on becoming warm in bed. For some time these vague pains are not severe enough to produce much uneasiness of long continuance. Gradually, perhaps not until the next cold season, the discomfort returns in sufficient severity to require alleviative treatment. The pain is augmented by pressure, though friction sometimes palliates it. External warmth rather aggravates than relieves. An inconsiderable degree of pyrexia is present, indicating the relationship with the acute form of rheumatism, though the fever is often so slightly marked as to escape observation, or is attributed to other causes. Rest, low diet and an aperient or ptisane are sufficient for recovery, and the individual is relieved from the disorder for a time.

The attack in this form is charged, perhaps, to a cold or other light derangement. Subsequently the disorder re-appears in a sharper seizure, and after the lapse of a considerable period, often years, expends itself upon the smaller joints, usually the articulations of the fingers. A dull and tensive pain, not easily relieved, commences about the metacarpophalangeal arthroses. The jointache never becomes as poignant as in acute rheumatism, but Dr. Warren's prescription of "six weeks" fails to remove it. There is slight superficial redness without fever, and though the pain is remitting there is no complete abatement for many days. Then the dolor mordax intermits, and slight desquamation ensues. One hand is first seized, and after a varying interval the other participates in the disorder.

Ultimately distortion ensues; the phalanges are inflected laterally, and towards the ulnar side of the hand; so much so that the point of the index finger is directed towards the last metacarpal bone when closed. The fingers are not all affected at once, but successively and by gradual extension and intensity. The obliquity can be removed without pain, but is immediately resumed when the resistance is withdrawn. There is no power to restore the rectitude of the digits by their own muscles. The doigts du pied do not escape, though the distortion is not so obvious from their less length and the not infrequent cramped condition of the toes when undisturbed by disease. But the pain and difficulty of motion show plainly that they are implicated. Probably there is little tendency to arthritic pericarditis in the malady, and it may be said "*affert minus periculi quam doloris.*" The principal topical lesions are distortion and ganglionic nodes, apparently not deep seated and periosteal, but in the fibrous structures.

It is a rational hypothesis that there is some esoteric dynamic poison, exercising an elective affinity and seeking out and alighting upon its own congenial locality, which in its final position is made apparent by the articular derangement. The conclusion depends upon a rational adoption of humorism. The blood affording a vehicle for the transmission of the virus, it is attracted to the place of deposit in a manner analogous to the deposition of the nutritious particles destined for the construction or the instauration of the constituent cells of the various tissues. The morbid material of gout has its accustomed rendezvous, and the palsy produced by lead elects the extensor muscles of the fore-

arm. The invasion of symmetrical portions of the body favors this view. The virus, after saturating the affinity found in its first lodgement, passes to the corresponding member and counter part position and expends its excess.

The treatment, which is mostly palliative, consists in iatroleptic applications, stimulant, emollient or anodyne. E. SANFORD.

July 10th, 1852.

EXPULSION OF TAPE-WORM BY PUMPKIN SEEDS.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING recently had an opportunity to administer the remedy for tape-worm recommended in the Journal for October, 8, 1851, I take the liberty to send you a brief account of its operation.

The patient, an adult, had taken several weeks since, by direction of a physician, some extract of male fern followed by castor oil, which expelled about four feet of worm, together with a number of fragments. The remedy was repeated, but no further benefit was obtained.

There being sufficient evidence, however, that the difficulty was not overcome, I determined, as the case fell under my charge, to try the pumpkin seed orgeat, which was prepared and administered as follows: Six ounces of common pumpkin seeds were thoroughly bruised in a mortar, without removing the outer shells, and a sufficient quantity of water was added to afford by straining and expression one pint of liquid. At 6 o'clock, A.M., the patient took one half of the liquid, or orgeat, and in two hours after half an ounce of castor oil. A slight movement of the bowels followed, with a few fragments of the worm. At 10 o'clock, half an ounce more of oil was given, the abdomen was rubbed with sulph. ether and cold water was directed to be used freely. No food to be taken until after the operation. At 12 o'clock the bowels were evacuated, and an entire worm discharged, eight feet and seven inches in length.

Although the patient is quite feeble from the effects of pulmonary and hepatic disease, no inconvenience has resulted from the remedy.

Rochester, N. Y., July 13, 1852.

W. W. ELY.

A CASE OF INFANTILE ERYSIPELAS.

BY J. KELLY, M.D., ESPERANCE, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

A SON of R. K., of Rotterdam, Schenectady Co., 4 months old, had from birth some degree of inflammation at the navel; or, as we might call it, a sore, probably made worse by irritating applications.

May 12.—Dr. S. was called. He found the child's skin and cellular membrane of the abdomen much inflamed; the inflammation extending from the umbilicus to the side, rather descending; the appear-

ance evidently showing it to be of an erysipelatous character. Incisions were made to arrest it, and ammoniacal preparations were ordered for a wash.

14th.—The complaint had appeared to extend to the scrotum. So, in fact, the disease extended from the umbilicus to the scrotum, which appeared livid and rather dark-colored. Vesicles showed themselves on more than half its surface; pulse feeble and intermitting; extremities cold; aspect ghastly. Ordered discutient applications, and rhei and magnesia xv. grs. to move the bowels.

15th.—Ordered castor oil; applications continued.

16th.—The child very low. Administered cordials and quinine, and pulv. Dover. at night.

18th.—Ordered Peruvian bark poultice to scrotum.

19th.—Bark poultice continued, with charcoal and yeast. Gave sulph. quinia dissolved in cinnamon water, which was continued for many days, with laxative enemata. More than half of the scrotum became gangrenous; in twenty-four hours a line of demarcation was observed, and in three or four days it separated, leaving the testis bare, with the septum destroyed. Healthy granulations soon appeared. At this time slippery-elm bark poultice, with yeast, was applied and continued. The parts were frequently moistened with oleum olivæ, and washed with diluted pyroligneous acid.

June 7.—Adhesive straps were applied to the parts, which were nearly healed.

The testes are probably uninjured, the gangrene not having got hold of them to destroy their vitality, and the child was thus saved from becoming an eunuch. The child soon became healthy.

July 2, 1852.

FOREIGN SUBSTANCE IN THE TRACHEA.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS summoned in haste on Monday, May 17th, to Ephraim W. Myers, a child $3\frac{3}{4}$ years of age, who was suffering, the messenger informed me, from an attack of convulsions. On my arrival I found him in severe apparent distress, with cough, pallid surface, accelerated respiration, pulse 160. There were no convulsive movements, the child was perfectly conscious. He was suffering from a severe attack of pneumonia, as an examination of the chest at once revealed. I immediately gave a cathartic, and followed with small quantities of hydrarg. chlo. mit., ipecac. and digitalis every two hours. A blister was also applied to the chest.

I learned from the family the following history of the case. On the 7th of May, ten days previous to my first visit, the boy came home from school in great distress. His story was, that a boy threw him down as he was returning from school with something in his mouth, and the substance immediately choked him. A physician was called in, and, notwithstanding the state of the boy, who was unusually intelligent, pro-

nounced it a case of *croup*. The patient had a severe convulsive cough, great anxiety, with danger of suffocation, and much difficulty both in inspiration and expiration. About ten hours after the attack the symptoms were *suddenly relieved* while swallowing a dose of castor oil. The next day he was pronounced better, and the four succeeding days was quite comfortable, playing about the house. There were, however, evening exacerbations of fever, respiration, &c. On Wednesday, the fifth day from the attack, Dr. Geo. Heaton, a friend of the family, was called, and after an investigation of the case inclined to the opinion that some foreign body had entered the air-passages. The child was suffering from bronchial irritation, and he prescribed an expectorant mixture. Dr. H. saw the child again on Saturday, the eighth day after the attack. He appeared bright and playful, very much improved since the last visit. On Monday, the tenth day, I was called, as stated above. The history of the case left little doubt in my mind of the true nature of the first attack, and I had little hesitation in concurring with the opinion entertained by Dr. Heaton. It seemed quite apparent that some foreign body must have lodged in the larynx during those ten hours of *croup*; and that it had become dislodged and passed down the trachea when the patient experienced sudden relief.

It is needless to detail the case from day to day. Every effort was made to relieve the little patient, but his sufferings could merely be palliated. The paroxysms of cough for the most part were not violent and convulsive. There were no peculiar symptoms to fix with precision the location of the foreign body. The most apparent difficulty of breathing throughout the disease was in expiration. Inspiration was comparatively easy and natural. The number of respirations did not at any time exceed 60 per minute.

On the 5th of June, twenty-nine days from the first attack, he was supposed to be dying. I was called and found him suffering with most intense dyspnœa, face and limbs livid, coughing violently and discharging from the lungs large quantities of very offensive pus. Relief was obtained temporarily, but for the next three days he continued to suffer from paroxysms of the same character but of less intensity.

On the morning of Tuesday, June 8th, thirty-two days from the first attack, I visited him and found him apparently as comfortable as on the previous day. While I was present a severe attack of coughing came on, with intense dyspnœa and a profuse discharge of matter through the nose and mouth. The dyspnœa rapidly increased, and in a very few moments life was terminated.

Six hours after death an examination was made. The mucous membrane of the larynx and trachea was thickened, and its vessels congested. The left lung was bound down by firm and extensive adhesions. The lower lobe of the left lung was in a state of gangrene. From six to eight ounces of offensive putrid pus was discharged from the lungs during the examination. The pericardium contained a large quantity of serum. Upon dividing the trachea there was found, about one eighth of an inch beyond the bifurcation, lodged in the *left* bronchus, a large *prune stone*, measuring one inch in circumference and three fourths of an inch in

length. It was quite firmly impacted, and the moisture had not apparently affected it. There was scarcely space to pass a probe down either side of it. Everywhere in the vicinity of the seat of this body the bronchial tube was increased to many times its natural thickness.

It seems hardly credible that a body of that size could enter the larynx of so young a child without immediate suffocation. Nothing but its peculiar conformation, admitting air between its flattened sides and the bronchial walls, could have prevented such an occurrence.

JOHN S. H. FOGG, M.D.

305 Broadway, South Boston, July, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 21, 1852.

Polypi of the Larynx.—Within a few weeks a work has been received, written by Horace Green, M.D., of the New York Medical College, which treats of *polypi of the larynx and œdema of the glottis*. We have a distinct recollection of the attacks upon the author, when he gave the public the results of his researches and practice upon diseases of the throat, some years ago. Like all ungenerous acts, instead of injuring Dr. Green, as his opposers intended, it produced the contrary effect. His name has been wafted over the world, and his professional success must long since have been as lucrative and as distinguished as any man's ambition could desire. We are impressed with the practical value of the present publication. Diseases of the throat are exceedingly numerous in this section of the country. Under these circumstances, practitioners will seize with avidity upon this guide to practice. It is not our intention to do more at present than to announce the book—hoping for such critical comments from gentlemen who may practise upon its precepts, as the importance of the volume obviously demands. We will merely add, that in the first and second chapters there is a history of polypi of the larynx, which abounds in detailed cases of great interest. The very literature of laryngeal polypi is there also. Chapter III. embraces morbid growths of the organ, with instructive illustrations; chapter IV., diagnosis; V., treatment of polypus of the larynx; and in chapter VI. we are presented with a learned dissertation on *œdema glottidis*, with memorable cases. A few lithographic illustrations are appended, indicating to the eye where to look for polypi, excrescences, &c. There are but one hundred and twenty-four octavo pages, and therefore the expense of purchasing is a mere trifle compared with the intrinsic worth of the matter. We shall return to the consideration of Dr. Green's labors.

Contributions to Experimental Philosophy.—A thin pamphlet, by that boldest and most original of physiological inquirers, Bennett Dowler, M.D., of New Orleans, has recently been published, in which are recorded experiments, showing that the ligation of the trachea, the division of the spinal cord in the cervical and dorsal regions, the removal of the viscera, the destruction of ganglions and plexuses of the sympathetic nerve, &c. &c., do

not prevent intelligence, sensation, or motions which are accurate in design and perfect in execution. In short, the investigations instituted by this gentleman, overturn the whole fabric of modern physiology, without giving us a bridge to stand upon. Vivisection has made far bolder strides, under the eye of Dr. Dowler, than at any epoch in the French Schools. Dogs and rabbits were considered sufficient in Paris, but when the alligator was put upon the table, new laws were discovered, old theories exploded, and phenomena noted that are not yet comprehended. Extracts from the published researches of Dr. Dowler are far preferable to comments; and a few will therefore be hereafter given by way of illustration.

Geneva Medical College.—Giving farewell lectures is about as difficult as manufacturing a fourth of July oration. So many have been delivered, that there is actual danger of repeating sentiments already stale from the frequency of their appearance, or re-exhibiting old ideas on a new occasion. Dr. Lee, however, has a versatility of talent, equal to all emergencies. He never tires himself or fatigues an audience, which is a rare quality in a public man. On the 22d of June, the annual commencement of Geneva College, he addressed the graduates, feelingly and appropriately. They published the discourse, and we say they did well in thus honoring the Professor. We gather the following statistical items from the 23d page. "Eighteen courses of lectures have been given at Geneva since the organization of the College. The average number of students each year, has been 108, and the whole number 1,917; of whom 469 have graduated doctors in medicine. Upon an average, from ten to fifteen thousand dollars are annually discharged in the village by medical students, which, in eighteen years, has amounted to \$200,000.

Belmont Medical Society.—Former comments on the transactions of this association, express our present views, viz., that it is a pattern institution. The practitioners of the county of Belmont, Ohio, as we understand the organization, are individually industrious in a legitimate way. Each one contributes something of practical value; and, at proper and convenient periods, the results of their combined efforts are published. In 1851-2, their accumulations, just published, are particularly instructive. Besides an inaugural address by the President, Isaac Hoover, M.D., there are essays on Scarlatina, Hydrastis Canadensis, and Laryngo-Tracheitis. Cases and reports follow, abounding in bright thoughts and profitable suggestions.

Journal of Organic and Med. Chemistry.—Wm. Elmer, M.D., and A. D. Hendrierson, a dentist, have commenced a new and valuable periodical, with the above name, to be published monthly, at New York. Both the design and the specimen number meet our warm approval. We regret that the enterprise had not its origin in Boston. Medical Chemistry has been shamefully neglected, and that circumstance should lead to substantial patronage of the new Journal, which merits extensive encouragement.

Medical Science in Canada.—A call was made on the profession to meet at Toronto on the first of July, for the purpose of taking into consideration the low state of medical practice in Canada. Some remedy is contem-

plated, but what the few can do with an overwhelming army of irregular practitioners, remains to be seen. The Medical Journal of Montreal honestly confesses that medical matters are in a bad way, the educated men finding it impossible to compete with the ignorant and unprincipled. It is quite probable that the Toronto Convention will petition the Provincial Parliament for the enactment of prohibitory laws, to restrain quacks, and secure the rights of an educated body of physicians and surgeons. In the United States, where any privileges were secured to the medical profession, they have either been repealed or absolutely neglected, so that irregular practitioners have every facility their ambition may covet; and their success and encouragement among those who ought to frown upon them, is a mortifying evidence of the low estimate of too many, in every community, of the claims of a talented, educated, high-minded profession.

Lowell Hospital.—Through the benevolent arrangement of the trustees, the Hospital in the city of Lowell, heretofore exclusively in the occupancy of those factory operatives who chose to avail themselves of the benefits of the institution, is now thrown open to patients for surgical treatment, from all sources. Dr. Kimball is an accomplished, skilful surgeon, whose sphere of usefulness will be greatly enlarged by this judicious decision. Very many from the country will be likely to seek advice and avail themselves of the facilities which Lowell now offers at the Hospital. With such eminent medical talent as Lowell commands, in every branch of medicine, we should not be surprised to learn, by and by, that the Hospital had been strengthened by the appointment of a full board of surgeons and physicians, like the Mass. General Hospital in Boston.

Empire Spring, Saratoga.—For scrofula, dyspepsia, and pulmonary tendencies, this spring is gaining a very high reputation. We strongly urge upon practitioners who are sending their patients to the various watering places, to keep in mind this very important remedy, which nature prepares out of the sight of human eyes, in the deep recesses of the earth, and which is daily gaining in the estimation of the best medical authorities, through the concurrent testimony of invalids themselves. The facilities for reaching Saratoga are unrivalled, the expense comparatively trifling, and the advantages to be gained by valetudinarians of the description here indicated, are of an important character. This is the season to make an effort to arrest the first approaches of these diseases. Those so situated that they cannot leave home, might in many instances advantageously avail themselves of this water in bottles, which is prepared with extreme care, that none of its rare properties may be vitiated or lost. It may be obtained at many of the drug stores in Boston and throughout New England.

Effects of Hydropathy.—A writer in the Shelburne Falls Banner discourses thus on this favorite system of medication:

“It has been my good fortune, since reading the *Water Cure Journal*, of which I am a regular subscriber, to see a sick drake avail himself of the “Cold Water Cure” at the Dispensary near Lamson & Company’s saw mill. First, in waddling in, he took a *Foot Bath*; then he took a *Sitting Bath*; and then, turning his curly tail up into the air, and sticking his head

under the water, he took, as Priessnitz would style it, a *Koff Bad*. Lastly, he rose almost upright on his latter end, and made such a triumphant flapping with his wings that I really expected he was going to shout "Water Cure forever!" But no such thing. He only cried, "Quack! quack! quack!"

The Deaf and Dumb, Blind, Insane and Idiotic of the United States.—The Washington National Intelligencer publishes a tabular statement compiled from the Seventh Census, showing the number of deaf and dumb, blind, insane and idiotic persons in the United States. The aggregate of the deaf and dumb persons in the United States is 10,103—of whom 5,231 are white males, 4,519 are white females, 354 colored males, and 250 colored females. The aggregate of blind persons is 9,702—of whom 4,519 are white males, and 3,478 white females. The aggregate of insane persons is 14,768—of whom 7,669 are white males, and 7,456 white females. Of idiotic persons, the aggregate is 25,706—of whom 8,276 are white males, and 6,944 white females. The total aggregate of persons suffering under the afflictions enumerated is 51,279—of whom 46,852 are whites, and 4,427 colored. This would seem to indicate, says the Baltimore American, that the blacks suffer but slightly from those afflictions which are generally considered the most calamitous to which human nature is liable.—*New York Med. Gazette.*

Cholera.—The public press records the appearance and prevalence of Epidemic Cholera, at various places in the southern and western portions of our country, and a recent outbreak on board the steamship Philadelphia, on her passage from the Isthmus to Havana, has increased public anxiety, lest another visitation of the dreaded and fatal pestilence should reach our Atlantic cities. Thus far, however, we have been preserved from the precursors of cholera, though the season is somewhat advanced, except in a few instances, which are looked upon as sporadic. Our safety, so far as second causes are concerned, only lies in the utmost vigilance to guard against those sources of the disease known by past experience to develop it. Temperance in all things, cleanliness, pure air and water, and especial attention to the condition of the poor, who are crowded in unhealthy habitations, and but illy supplied with the comforts of life, are found to be the best preventives. Sanitary measures should not be delayed until the appearance of the epidemic, but we should bestir ourselves in advance, and thus anticipate the calamity, by preparing against it. In this city we hear very little of such precautions.—*Ibid.*

Poisoning by Oil of Tansy.—By W. W. ELY, M.D., of Rochester, N. Y. The subject of the following painful occurrence, was a respectable young lady, in ordinary health, engaged at the time in teaching school. Having arrived at her menstrual period, she procured what she supposed was the essence of tansy, designing to take it to promote the catamenial discharge. On the morning of August 15, 1836, she took *one teaspoonful* of the medicine, which proved to be *oil of tansy*. From the speedy supervention of alarming symptoms a messenger was sent for me, a distance of two miles. Being unable to attend personally, she was promptly visited by my partner. The oil, however, had operated so energetically and rapidly that on his

arrival nothing seemed likely to be of any avail, and nothing of any consequence was done.

From the record which I made at the time, it appears that she first complained of dizziness and became insensible in about ten minutes—a succession of convulsions supervened, with frothing at the mouth, laborious respiration and irregular pulse, and she died in *one hour and a quarter* after taking the oil.

It may proper to add that another young lady in the family, also took of the medicine at the same time, but vomited very soon, and suffered no inconvenience.—*American Journal of the Med. Sciences.*

External Use of Cod-Liver Oil.—Dr. A. H. David recommends (*Canada Medical Journal*, May, 1852) the cod-liver oil as a local application in various cutaneous affections, and states that after a trial of it in such cases for upwards of two years, he has found it to act almost specifically.

In ringworm of the scalp. Dr. D. says he has used it in more than twenty cases with entire success. Some cases, which had resisted other methods of treatment for weeks, were cured in four or five days.

He has also used it in tinea capitis with equal success; and he cured one case of psoriasis inveterata of three years standing by this application in seven weeks.—*American Jour. of Med. Sciences.*

Medical Miscellany.—Priessnitz is said to have accumulated *four hundred and eighty thousand dollars* in his short career, by the water-cure practice. Beef livers have been noticed to be extensively diseased, in stall-fed cattle. It is well enough to examine them when purchased for cooking, and discard those having abscesses on them.—Brazil is called the paradise of physicians who have been educated according to law. Their privileges are extraordinary, with great prices and sure pay. Druggists are fined fifty mill reis for prescribing medicine for any disease.—Cholera is extending in the neighborhood of Louisville, Kentucky.—Dr. Charles G. Page, the examiner of patents, at Washington, has resigned. He is one of the first experimental philosophers in America. His eminence is not based on repeating what other men have said, but upon what he does himself.—The honorary degree of A.M. was conferred on Prof. James Bryan, M.D., of Philadelphia, by the Princeton College, in Princeton, N. J., June 29th, 1852.

TO CORRESPONDENTS.—The following communications have been received:—Case of Incontinence of Urine; Case of Foreign Body in Knee Joint; Palmer's Artificial Leg; and Wonderful Pills.

DIED, — In Lenoxville, Canada, James Mallory, M.D., 66. — In Andover, Mass., Francis Clarke, M.D., 38. — In North Orange, on the 26th day of June last, Dr. A. S. Dean, aged 41 years. — At Washington, D. C., Dr. Dennis Burke, many years assistant surgeon at West Point.

Deaths in Boston—for the week ending Saturday noon, July 17th, 74.—Males, 35—females, 39. Abscess, 2—accidental, 1—disease of bowels, 3—inflammation of bowels, 5—disease of brain, 2—burn, 1—consumption, 12—convulsions, 4—cholera infantum, 1—cancer, 1—croup, 1—diarrhoea, 1—dropsy, 1—dropsy of brain, 5—scarlet fever, 5—bilious fever, 1—gravel, 1—disease of heart, 1—intemperance, 1—infantile, 7—inflammation of the lungs, 2—marasmus, 1—old age, 2—rheumatism, 1—scrofula, 1—spine disease, 1—thrush, 1—teething, 2—tumor, 1—unknown, 4—worms, 2.

Under 5 years, 36—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 11—over 60 years, 5. Americans, 22; foreigners and children of foreigners, 52. The above includes 4 deaths at the City institutions.

Coroner's Inquest.—The loose and too often careless manner in which inquests have been held in this city, has frequently excited remark, and occasionally provoked the ridicule of some of our daily prints. Whilst, by consolidation, we have sought to reform many abuses, and to curtail the expenses of the city government, we are not a little surprised that those who advocate economy and a faithful performance of official duty, have not turned their eyes to the enormous profits accruing from Coroner's Inquest. We beg to state, *in limine*, that we deprecate any intention to reflect upon the integrity and motives of the present incumbent; that functionary but travels in the footsteps of those who have preceded him for years, and performs the duties of the office with equal ability and punctuality.

The fees of the Coroner are too high, and it is generally believed that Inquests are often held in cases where the necessity for an inquisition does not exist. For this we do not undertake to censure our highly respectable Coroner; the fees are fixed by law, and like most of us, he charges all that the law allows. The Chief Justice of the Supreme Court receives about one half the pay that accrues from Coroner's Inquest in this city. To discharge the high and responsible duties of the first station, the highest legal attainments are requisite; whereas, the people seem to think any ordinary individual of respectable standing is competent to act as Coroner. Now we maintain, with many others, that a medical man is alone competent to perform the duties of Coroner; indeed, in all large cities, both of this country and Europe, none other than a physician of attainments is ever put forward to this office. [Not quite correct.]

To restrict Coroner's Inquests to their legitimate subjects, a fixed salary—a stipulated sum—should be paid over to that functionary, and that too without regard to the number that may be held in a given time. In the late proceedings of our City Council, we saw it stated that our Coroner had received for Inquests for a single month *seven hundred and fifty dollars*. This would amount to the handsome sum of about nine thousand dollars per annum; a pretty snug job for a hasty inspection of those who die by violence, by drowning, etc. We venture to assert that there are in this city, a number of well-qualified medical men, any of whom would cheerfully undertake to perform the duties of Coroner for the entire city for \$2,000 or \$2,500 per annum. Let our citizens look into this matter, and in the meantime we shall have more to say on the subject.—*New Orleans Med. and Surg. Journal*.

Memphis Medical College.—Memphis is a growing city, and the citizens of that town have resolved to build up a medical school equal to any in the great West. They have already completed a fine building—endowed and put into operation a commodious Hospital—organized a full Faculty of Medicine—and during the last season received over one hundred and twenty-five students. It is an accessible point at all seasons of the year; and from its locality and the talents of the Professors, we predict a prosperous career to this new school of medicine.—*Ibid*.

The Cholera.—This terrible disease, though not prevailing as an epidemic, is doubtless in our midst. As near as we can ascertain, something over twenty have already died of it in our city, within the last two weeks. Let physicians advise their friends to observe caution as to their articles of diet, regular habits, and “temperance in all things.”—*Ohio (Columbus) Med. and Surg. Journal*.

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CHOLERA AS IT APPEARED IN CALIFORNIA.

BY W. TAYLOR, M.D., OF ALABAMA.

ABOUT the middle of October, 1850, we descended from the high granitic crest of the Sierra Nevada to the low alluvial valley of the Sacramento. On quitting the mountain streams and reaching the valley, the traveller sees unrolled before him a vast plain, receding until it vanishes in the far horizon.

Fresh from the salubrious influence of a mountain atmosphere, we found ourselves breathing one dense and sultry, and saturated with dust and impurity. At this season of the year all nature is dry, sere and parched, and presents more the appearance of an arid desert than a fertile valley. Neither hill nor cliff rises, to break the uniformity of the wide-extended plain; only here and there a lone tree, or occasionally a *bank*, rising sensibly higher than the adjoining parts. These *banks* abound in lime and fragments of sea-shells, and instinctively recall to the mind the more ancient condition of the globe, when these elevations were shoals, and the valley itself the bottom of a vast gulf, or Mediterranean sea. And even now, the illusive phenomenon of the mirage, which is common on these plains, almost deludes one into the belief that he is surrounded by a sea, or on the surface of a great watery mirror. All objects appear to hover in the air; trees, cattle, horses and men, appear inverted in the atmosphere.

On reaching Sacramento City, we found that the dread scourge, cholera, had just made its appearance, in more than an ordinarily malignant form. The panic was great, and well it might have been. For never, perhaps, was a city in a better condition to propagate an epidemic in all its malignancy. The situation of the town is low, and subject to annual inundations; the streets were filthy in the extreme, and the alleys and back yards filled with decaying vegetable and animal matter. Sutter Lake, situated within the suburbs of the city, contained a vast amount of stagnant water, dead and putrid fish, and all manner of filth, which produced an intolerable stench. The atmosphere was close and sultry, and void of electricity. Altogether the city presented all the conditions that one would think requisite for the disease to flourish in all its horrors and mortality. And in addition to all this, as if to favor its mortality still more, the blood of a large majority of its victims, from

diet and habits of living, was, to a greater or less extent, in a scorbutic condition; and whenever this was the case, the disease was always sure to prove fatal.

For the first few days after the onset of the epidemic, every case proved mortal; there was no instance of recovery for three or four days. The first case of the epidemic that I saw in the city, was a patient of my esteemed friend, Dr. W. G. Proctor, who died in about six hours after the attack. I treated several other cases afterwards before leaving the city, but with very limited success.

In the meantime, I had engaged passage for Realejo, on the barque "Splendid," of Boston, Harding master, which was to sail on the 28th of October. The master offered me the surgeon's place, which I accepted; but in doing so, little did I suspect the immense labor that I was assuming, or the melancholy sequel that was to follow.

The day set apart for the sailing of the *Splendid* arriving, I left the city and boarded her in the capacity of Surgeon and Physician. The vessel was to have been towed down to San Francisco by steam, but owing to disappointment in getting a tow-boat, according to contract of our captain, it was not done. The disappointment was in consequence of the engineer of the tow-boat having died of cholera, on the passage up the river, and the inability to get another in time to comply with the engagement. The result was that we had to float down by the current most of the way to Benicia.

The Captain was ill of a mild form of the epidemic when we went on board, but the entire crew and all the passengers seemed to be in good health, and but little complaint amongst them, considering the evident insalubrious state of the atmosphere, and the known prevalence of the disease in the city. Under these circumstances, late on the evening of the 28th, we weighed anchor and dropped down with the current, on our way to San Francisco; but we had scarcely gotten our anchor clear, when I was summoned in haste to the fore-castle, to see the cook. On reaching him, I found him laboring under a severe attack of cholera—surface clammy and shrunk, great pallor, cramps, extremities cold, and almost pulseless. Wishing to avoid the ill effects of a panic, after giving him a heavy dose of anodyne and carminative medicine, I immediately went to the mate, and had him conveyed to the shore, and sent to the hospital, without letting the passengers know the nature of his malady. At the same time, I ordered the chloride of lime to be freely used in the hold of the vessel. After this, all went on well for about thirty-six hours, when I was called to see a man by the name of J., aged about 32 years, whom I found voiding every few minutes profuse rice-colored discharges, features shrunk, surface cold and clammy, pulse quick and frequent, but almost imperceptible, and violent and excruciating cramps. Yet in this condition was he trying to walk about, and it was with difficulty that I could induce him to take his bunk. Finally succeeding in getting him to bed, I gave him a portion of the following: R. Tinct. opii, ʒj.; tinct. capsici, ʒj.; tinct. camph., ʒj.; tinct. kino, ʒj.; tinct. catechu, ʒj.; oil carophyl, ʒj. Dose a teaspoonful, repeated every fifteen or twenty minutes, until the discharges are arrest-

ed, or the pernicious influence of the narcotic became apparent. After this I administered full doses of calomel. To relieve the spasms I administered chloroform, in drachm doses, repeated according to the urgency of the symptoms, with much benefit. So potent and effectual was this remedy, in combating this symptom, that I never used it in a single case that its effect was not immediate and happy—always relieving the cramps, and giving temporary relief, at least, to the patient. After giving it to J. he revived, and seemed comparatively free from suffering for some hours, but eventually sank, and died after an illness of about twelve hours. But before this event occurred, there were a dozen other cases, and the panic with the passengers was complete; all was confusion among them; terror, dread and consternation were depicted in the countenances of the bold and firm, as well as the weak and timid. To such an extent were they frightened, that it was with the greatest difficulty that I could induce the well to nurse the sick, or give them any attention. To avoid a monotonous array of cases, I would merely observe, that my general practice, throughout the entire course of the epidemic, was similar to that followed in the treatment of the case above alluded to, with what success must be hereafter determined. Warm baths, in which I placed great reliance as a remedy in the treatment of the disease, from the impracticability of heating water in sufficient quantities on the vessel, could not be commanded. Consequently frictions and counter-irritants were the only substitutes. I had no medical assistant, and but an indifferent set of nurses; under these circumstances my task was not an easy one, and my situation anything but pleasant.

Our vessel was eight or nine days floating and lodging on sand bars (*not sailing*) to San Francisco; and of her 130 passengers on board, not more than eight or ten escaped the disease, in some form or other; some experiencing it very slightly, while others had it more severely. Of the whole number attacked, seventeen died. I was forcibly struck with the great contrast of the disease, as it manifested itself on this occasion, and the character that it ordinarily presented in the Valley of the Mississippi. I could only account for such difference by supposing it to be the result of climatic influences. We know that not only plants and animals, but disease itself, presents different aspects and characters in different lands and climates. In our own temperate region, the *palma christi* (*ricini communis*) and the Cayenne pepper (*capsicum annum*) are annual plants; while in the tropics they become perennial shrubs. The effect of these influences on animal life is not less marked and decided; the same is true of disease. And in virtue of this truth, perhaps, was the cholera essentially different, as it appeared in California, to what I had seen it in Louisiana twelve months previously. Indeed, so materially did it differ from the epidemic as known east of the Cordilleras and Rocky Mountains, that many of the best physicians were disposed to regard it as a different disease.

It may be proper to observe some of the characteristic differences in the disease, as it manifested itself in California, compared with that form of epidemic cholera that I had seen and treated on the Ouachita. In the disease as it appeared in California, there was, in many instances,

an entire absence of vomiting and cramps, and some few, indeed, did not experience any pain. The discharges from the bowels were both frequent and copious, but in nearly all the cases the stools, instead of presenting the characteristic appearance of *rice water*, in color and consistence, were of a light crimson, brown or brick-dust color—as if the *ordinary rice-water discharges* had been charged with these different hues, by the thorough incorporation of greater or less quantities of blood, that had exuded from the entero-mucous surface. J. and four others were the only cases that occurred on the vessel, in which all the symptoms of the *genuine Asiatic cholera* were present. For a long time I was in doubt, and am not yet fully decided, whether to regard the disease as epidemic Asiatic cholera, modified by the universal disposition in that country to inflammation of the intestines; or whether it was a *malignant epidemic form of inflammation and congestion of the bowels*. Certain, however, it was, that its malignancy was increased by an abnormal and insalubrious state of the atmosphere. The atmosphere at the time was thick and hazy, as if saturated with smoke and dust, and almost an entire absence of electricity. Even those that were well, seemed dull and heavy, and indisposed to act; all were low-spirited and dependent. And, as if to add still more to the detriment and discomfiture of the panic-stricken and ill-fated passengers, the air was raw, chilly, damp and penetrating. The gloom on some occasions was sufficient to unnerve the most stout-hearted. I remember one morning, after having been below in the hold all night with the sick, trying to administer to their wants, I came on deck, and found our vessel fast aground on a sand-bar. The sun was obscured by the clouds, and the winds blew bleak and damp, pregnant with disagreeable odors from the dismal sloughs and marshes on either side of the river—all nature seemed to frown; and then, as if to add horror to the scene, and make despair complete, the ear was pierced every moment with the screams and groans of the sick and dying.

In nearly all the cases, previous to the attack (a few hours only, ordinarily) there was a partial suppression of urine, and in some few instances I have reason to believe that I succeeded in arresting the disease, or at least mitigating it to a great extent, by the timely use of *diuretics*. One case I will give in illustration:—C. C., a stout, robust, intelligent man, aged about 45 years, came to me with all the premonitory symptoms, and with them, a total suppression of urine. I immediately gave him a full dose of spts. nit. dulc., and advised him to go to the medicine chest and take a dose of the mixture given on a preceding page, with the further instruction to retire to his berth and remain there quietly. Two hours afterwards I visited him again, and asked him how he was getting on. His answer was, “Well, doctor; I did not take the other dose that you prescribed, but the nitre has made me as straight as a pin, and I do not think it will be necessary to take anything further; my kidneys are acting finely, and I feel as if I would recover without further trouble.” However, I was not willing to risk it, and gave him a dose of calomel and Dover’s powders; it acted well; his symptoms all disappeared, and there was no recurrence of them. I

never lost a case of the disease when I could get free and consistent bilious discharges.

We reached San Francisco about the 7th of November. On reaching the city, we made arrangements with the authorities as soon as possible to remove some of our sickest passengers to the City Hospital. We sent eight patients to it, three of whom died within twenty-four hours after their admission. These three are included in the *seventeen*, the sum total of the mortality from the epidemic on the vessel.

After reaching the Bay of San Francisco, and coming under the influence of the sea-breeze, we had but few new cases of the epidemic. With the exception of myself and one or two others, there were none. I was taken quite violently with the disease, the morning after we anchored in the port, but it yielded readily to medicine, and I was up again in a few days. What is remarkable in my case is, that I should have exposed myself to the disease so constantly, and mingled with it so much, and yet be about the last to take it. My labor during the whole trip down the river was incessant—waiting on the sick day and night for ten days in succession, during which time I did not sleep, in the aggregate, *eight hours*.

We remained in San Francisco until the 11th of November, when we weighed anchor, unfurled our sails and cleared port, and were soon, once more, on the bosom of the Pacific, on our way to Realejo. We had no more of the epidemic on board after we got out at sea, but had several cases of typhoid fever, of which two passengers died, and several others escaped very narrowly.—*New Orleans Med. and Surg. Journal*.

PALMER'S ARTIFICIAL LIMBS.

[To a medical gentleman, who has given much attention to the subject of artificial limbs, we are indebted for the following paper. The editor was in England at the time when Mr. Palmer's invention was making a great sensation there, and can bear testimony to the admiration with which his artificial limbs were contemplated both by surgeons and those requiring a substitute for lost members. The case referred to below, of the boy at West Cambridge, has been spoken of before in the Journal. It was indeed a triumph of human ingenuity.—ED.]

In the American department of the *great industrial exhibition of all nations*, the only article of surgical apparatus which was regarded as extra-meritorious, and adjudged worthy of a prize medal, and as superior to anything of the kind ever before invented, either in Europe or America, was "*Palmer's Artificial Leg*." This quite new, thoroughly-tested, and eminently useful invention, which had attracted so much attention, ameliorated the condition of so great a number, and been so highly appreciated by the profession in this country, was also very greatly admired, and extolled as a perfect substitute for the natural limb, by all the leading surgeons in London, Paris, and other portions of Europe.

Among the judges of surgical instruments and apparatus, who awarded the prize medal to Palmer's artificial leg, as an ingenious and superior

specimen of art, far exceeding the best specimens of the first artists in London and Paris ; as answering an important desideratum in the practice of surgery far more efficiently, naturally and delightfully, than any previous apparatus of the kind, were Mr. William Lawrence, F.R.S., President Royal College of Surgeons, and the venerable M. Roux, of Paris. The palm being given to this apparatus by such men of science and experience, especially by M. Roux, who had served as chief operator in the Hotel Dieu for forty years, whose experience and success far transcends that of any other living man, is enough to prove that it has not been overrated in America. No other species of apparatus so perfectly imitates the natural limb in symmetry, structure and function as this. The casement, which is extremely light, and answers to the bones (and also by nice carvings to certain muscular forms or developments), is articulated in a manner which makes a natural appearing and acting knee, ankle and toe-joint ; a contrivance very ingenious and neat, and peculiar to this apparatus, imitating perfectly, in a dressed or undressed state, the ball and socket joints of the natural limb.

The heel, knee and foot cords (operated by springs, cams and eccentrics, and by the stump of the leg) answer the functions of the tendo-Achilles and the gastrocnemii, semitendinosus, vastii and peroneii muscles, and afford an amount of strength, and that degree of life-like elasticity, which with the muscular form, and beautifully enamelled, natural skin-like exterior, altogether make this apparatus, in the language of the celebrated G. J. Guthrie, " the most useful, and least distinguishable from the natural limb."

In England and France, as in this country, this artificial leg is regarded as a very great boon to humanity, as well as a valuable acquisition to operative surgery ; enabling the patient to lose his limb with an assurance of *finding it again* ; and the surgeon to remove the natural limb, when necessity demands, with the humane satisfaction that with such an apparatus the usefulness and happiness of his patient will hardly be impaired. With such a contrivance as a substitute for the natural limb, the patient submits to the most fearful operations with scarcely a particle of that dread which hitherto has weighed upon the mind in such circumstances like an incubus, in view of the irremediable loss, while the humane operator can proceed in his work with consoling and satisfactory assurances, instead of silent sympathy and a dread of the *stern necessity*.

Indeed, many individuals, men and women, have already sought for amputation of their limbs, with a pleasurable anticipation (as Mr. Punch anticipated in his admirations and notices of this leg) of being able, with the use of this artificial limb, to have their happiness and usefulness increased by being able to appear and act like perfectly-organized persons, and in being relieved of physical deformities, disabilities and suffering, and consequent mental agony, which they had been taught they must submit to with a humble resignation, it being an *ordinance of heaven* which could not be removed or "*passed from*" them with impunity, *especially if the sufferer was a woman*.

CASE.—Miss ———, a young woman, of 20 years, intelligent, a school teacher, made application to Messrs. Palmer and Co., at Spring-

field, Mass., for relief of her deformity, or some apparatus to ameliorate her condition. One leg was only half the length of its fellow, with a very bad club foot; her thigh of the natural length, and the knee-joint good except a slight deformity caused by the fibula being forced up out of its natural position. She was advised by the physician connected with the establishment, to have her limb amputated below the knee, and thereby relieve herself of such an irremediable deformity, as well as the crutch, and the mental suffering arising from such a condition. A council of surgeons sustained the previous advice, and relieved her mind of the common yet totally unfounded idea that such an operation would surely prove fatal. She returned to her friends, prepared herself for the operation, and went to Springfield and placed herself in the skilful hands of Dr. J. M. Smith, who removed the limb a little below the knee, and healed the stump by first intention. In four weeks from the day of amputation, the young woman had a beautiful and natural appearing and acting artificial leg adjusted, with which she daily walked about town until five weeks had elapsed from the day she left home, when she returned alone, some sixty miles, in the cars, with her cup of joy full.

Other similar cases have occurred. One, a young lady from Buffalo, with a deformity, who submitted to amputation, and is now operating with satisfaction with one of these limbs, and illustrating the great blessing this invention confers upon humanity. Another case will illustrate this fact. It is one which has been deemed irremediably hopeless *hitherto*. It occurred in the person of J. M. Sanford, a young man who lost both limbs (one at the thigh) by the tornado which passed through West Medway nearly a year ago. His case was so bad a one, that his friends and medical advisers considered the idea of adjusting a pair of artificial legs to him, which could be of any practical worth, as utopian, and every expenditure made for any such undertaking a foolish one. Encouraged by Messrs. Palmer & Co., he was carried to Springfield, and placed on the floor before them in a helpless condition. In a month's time he returned to his friends, with two as good appearing and acting limbs (apparently) as he ever had—first walking actively with two canes quite a distance, and up and down flights of stairs, then with only one cane, and anon without any, to the inexpressible surprise and joy of his friends, medical attendants and the community. He now walks daily, and is actively engaged in various useful avocations, and no one unacquainted with the fact would suspect that he is in the use of any other than natural limbs.

July 17th, 1852.

ANOMALOUS FOREIGN BODY IN KNEE-JOINT—SUCCESSFUL REMOVAL BY INCISION.

[Communicated for the Boston Medical and Surgical Journal.]

IN June, 1851, I was consulted by Mr. R. M., æt. 22, a laborer upon a farm, and otherwise healthy, in regard to a difficulty of the right knee. The patient stated that, for some months previous, something had appear.

ed at times to "catch," as he termed it, in the joint while using the limb, causing excruciating pain, followed by inflammation and swelling of the joint. The peculiar "catch" had only existed for a few months, but the patient says, "the knee has been a little weak and swollen at times, ever since it received a severe wrench during a scuffle, some four or five years since." Recently he had perceived a loose body, "at times something like a bean," upon each side of the patella and in other parts of the joint, which was freely movable and would easily slip into the joint. Sometimes it was readily detected, but at others it was not. The knee was considerably enlarged, as in chronic thickening of the synovial membrane, and tender to the touch in places.

Diagnosis.—After the above history, and manipulating the joint, so as to bring the foreign body outside of it, I did not hesitate to pronounce it a case of *loose cartilage* within the joint.

The probable cause, nature, course, usual treatment, &c., of such cases, were fully explained to the patient, and he was dismissed with the advice to consult older and more experienced counsel, but not to think of an operation unless it should become more troublesome, and then not until a trial had been made to fix or confine it *outside*, or to prevent its *escape* from within the joint.

At my request he called occasionally to report his condition. After my examination, he acquired such dexterity as to bring the substance outside the joint almost at pleasure. After September, 1851, he was not able to attend regularly to his occupation; and as the joint was evidently becoming more thickened and stiffened from the continual irritation to which it was subjected, efforts were made to "fix" the cartilage (?) as I still supposed it, by pushing it as far away from the joint as possible in one of the synovial pouches by the side of the patella; but it was found, upon repeated trials, that it could not be confined *in situ* by any amount of pressure which could be borne, so as to allow any motion of the joint. Efforts were also made to confine it *within* the joint, but with only partial success; while the *cause* of irritation was sure to be at work.

There now appeared but one other alternative, viz., the chance of an operation, and which, owing to the state of the joint, it must be confessed was not very promising. The almost *certain* result of the case as it was, together with the *probable* and *possible* consequences of an operation for the removal of the offending body, were again fully and fairly stated to the patient and friends. Dr. Almiron Fitch, of Delhi, a surgeon of ability and large experience, was also consulted, and coincided fully in the opinion given.

Operation.—In March, 1852, I was requested to remove the foreign body by operation. Having enjoined rest, low diet and occasional purgatives during the preceding week, on the 10th inst. I proceeded to remove it—Dr. A. Fitch kindly consenting to be present, and from whom I received material assistance. Some difficulty and delay were experienced in fixing it external to the joint and in the position desired, viz., upon the inner condyle, without too much motion of the joint. The integuments were then tensely drawn forward and downward (nearly

one inch), while the cartilage (?) was firmly fixed by the fingers of an assistant. A longitudinal incision, three fourths of an inch in length, was then carried directly through the integuments; but as it could not readily be removed, a second incision was made so as slightly to enlarge the first, when it was removed with a tenaculum, but with some difficulty, owing to the thickness of the integuments and the unexpected *hardness* of the supposed cartilage. In form it much resembled an almond, was eight lines in length, six broad and four in thickness. It was completely enveloped in healthy-looking cartilage, and would sink in water. Its substance was osseous or calculous; but unfortunately (and contrary to agreement) it passed out of my possession before I had an opportunity of subjecting it to any chemical or microscopic test.

As the hemorrhage was slight and soon ceased, adhesive straps were applied, a compress *over the valvular* incision, a figure of 8 bandage over this, and a long splint to the outside of the limb, confined by roller, except over the knee, so as nearly to prevent all motion. Water was applied several times a-day, and was the only application. The diet was light for a few days, and occasional small doses of comp. cath. pill and pulv. jalap comp., were given to procure the regular evacuation of the bowels. There was only a slight exudation of serum, and none of synovia. Union was partly by first intention, and partly by what is called by Macartney the *modelling* process, i. e., without suppuration. The case was closely watched, but there was no inflammation at any time.

After a few days the patient sat up part of the time, but the splint and plasters were not dispensed with until the thirteenth day; after which a compress and fig. 8 bandage were continued, and directions given to use and flex the limb but slightly. From that time he began and continued to go about, and by the 15th of April there was only a slight weakness and some stiffness upon flexing the limb to an acute angle. In six weeks after the operation, Mr. M. was able to follow his occupation and to join, as he was wont to do, in "the giddy mazes of the dance."

Remarks.—The operation by subcutaneous incision, as proposed by Professor Syme and M. Goyrand, was hardly practicable in this case, owing to the thickened state of the integuments, though it would in most cases greatly lessen the danger of subsequent inflammation. Wounds penetrating the cavity of joints, especially the larger, have ever been the dread of surgeons, and the usual result an opprobrium to the healing art. This case is a striking illustration of the importance of *perfect rest*, and a simple, but not *too* antiphlogistic treatment, in wounds and injuries of the larger joints—though in regard to the latter the previous habits should be our guide. Here, there was evidently a *want* of action, though the diet was only light for a few days; but had it been more generous, I am satisfied complete union by first intention would have taken place—a result most desirable in wounds of joints.

The history of this case will doubtless satisfy some minds that a *fragment* of bone was nearly or quite detached at the time of the injury mentioned; but to my mind it is not so conclusive. A section of one end revealed a hard friable substance, more resembling calculus. But was a calculus ever covered with healthy-looking cartilage? If so, it is

a most remarkable provision of nature to prevent injury to the joint. May not a peculiar abnormal state of the synovial membrane, from any cause, give rise to adventitious growths or deposits in the synovia as well as in other fluids of the body? Calculous deposits and loose cartilages are not very unusual, but I do not recollect any account of a foreign body in the cavity of a joint similar to the present.

The patient consulted different surgeons, to whom he stated the symptoms and diagnosis; and it is a curious fact that none of them at the time detected the foreign body (though some were satisfied of its existence). At one time, believing it a case of chronic synovitis, counter-irritants and ung. iodini comp. were freely applied, with the view of producing absorption!

J. WASHINGTON SMITH, M.D.

Franklin (Croton P. O.), Del. Co., N. Y., July 9, 1852.

STRICTURE OF THE URETHRA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following, which to me has been a case of more than usual interest, involving as it does some matters of practical importance to the profession, is herewith placed at your disposal.

Was called August 29th, 1851, to visit G. S., aged 8 years, small for his age, and very much emaciated from disease. Temperament nervo-bilious. I was informed he was first attacked, five years ago, with severe pain in end of penis and difficulty of voiding urine. Pain very acute, especially immediately after urinating. His general health was then good. Obtained relief by use of *anodyne fomentations*, &c. Has, at intervals varying from one or two hours to as many weeks, had a recurrence of the same symptoms, generally increasing in duration and severity till a description of his agony defies the powers of language. Has for a year or two had incontinence of urine, which at this time amounted to a constant dribbling, rendering him an object of disgust from the strong urinous smell. Has been under treatment most of the time for the last five years by every species of *doctor*, from the respectable regular to the despicable *quack*; and still, regardless of the formidable array, the dire disease has raged on. Its christenings have been almost as various as its doctors: some calling it *irritation*; some, *inflammation*; others, *stone*; and still others, *gravel*, &c. The wondering wiseacre quack has in this case given to eager friends the most incontrovertible evidence of the power of his nostrums, based upon the testimony of little George; who stoutly asserts that some hard substance often descends along the urethra nearly to the glans, and that at one time he really had it in his grasp, that “it felt hard and got back,” despite his efforts, added to the fearfully propelling powers of the “doctor’s stuff.” The urine has generally been “high colored,” and sometimes deposits a pinkish sediment; at times, too, it has been observed to contain mucus; at other times it is clear and white.

Present State.—Skin shrivelled; countenance expressive of great pain and uneasiness; tongue covered with a thin white coat; pulse 110,

sharp. Suffers most indescribable pain after every effort to urinate; constant dribbling of urine. The pain is chiefly concentrated in the end of urethra; complains, however, of some pain about the region of the kidneys. Percussion of lower part of the abdomen increases the pain. I made an effort to pass a small sound, which gave rise to much pain when it reached the prostatic portion, which seemed to offer some obstruction, and I found myself obliged to desist. Riding in a carriage of any kind, running, jumping, or even walking, occasions great pain. Prepuce enlarged and elongated. Bowels generally relaxed, but now somewhat costive.

Diagnosis.—Inflammation of the neck of the bladder, with stricture of the urethra.

Treatment.—After a sufficient anodyne, gr. 4 of calomel, to be followed in the morning with sulph. mag. and senna; the same to be repeated after three days. Dov. pulv. with nit. pot. night and morning. Strong decoction of uva ursi, a wineglassfull, containing eight drops tr. opii, at noon each day. Alkaline solution frequently during the day, and also to use, as a common drink, a decoction of the galium aparine. Foment abdomen. Diet, antiphlogistic.

Sept. 5th.—All the symptoms much relieved. Continue same treatment.

12th.—Has had, since last visit, one severe paroxysm of pain, caused by riding. No more incontinence of urine. Can pass a full stream at will, and with very little pain. Still complains of pain in bladder and loins from any violent exercise. Treatment as on 5th, except the fomentations to give place to the daily application of sinapisms to the hypogastrium.

19th.—Still improving; less pain; general health better. Treatment as before.

26th.—No urinary trouble since last visit; and only complains when he receives a sudden jar. Cervical glands swollen and tender. Has had dysentery part of the week, but is quite relieved; some blisters on the abdomen and loins from the mustard. Treatment mercurial but once during coming week. No other change.

October 3d.—Convalescing. Treatment, omit mustard. No other change.

18th.—Still convalescing.

31st.—Discharged well.

March 11th, 1852.—Had a slight paroxysm of pain from over-exertion, since which he has continued *well*, and rapidly increased in stature. He now presents a ruddy countenance, and endures all sorts of exercise and exposure as well as other children.

C. B. GALENTINE.

Rush, Monroe Co., N. Y., July 7th, 1852.

CURE BY IMAGINATION—TREATMENT OF RHEUMATISM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have just been looking over the 23d No. of the "*Boston Medical and Surgical Journal*," dated July 7th, 1852. In it I notice

an "Extraordinary cure of rheumatism, by Dr. J. E. Stewart, Jackson, Tenn." The article is certainly calculated to excite the risibles—as we imagine the ludicrous appearance of the patient in the morning, when daylight revealed the *dyeing* effects of the remedy! But if the doctor had looked deeper into the matter, he might perhaps have learned a physiological truth that would have been of some service to the healing art. In noticing "Acton's Treatise on the Urinary Organs," in the same number of the Journal, you say: "Since it is the business of physicians to cure diseases, their first ambition should be to keep pace with the progress of discovery in the various branches of medicine." Now if the doctor *has* "kept pace" with recent discoveries and experiments in physiological chemistry, and microscopical observations on living organisms, the motion and action of "animal juices," the porosity of animal membranes, ligaments, tendons and other organic tissues—the penetrability and permeability of certain fluids into and through these structures, imparting flexibility, elasticity and irritability to these organs when they have become dried, hardened and brittle by being deprived of the fluids they contain when in a normal condition—he must have learned some important truths in relation to rheumatism, and many other diseases that have heretofore been shrouded in mystery more dark than the inky covering of his hero. He must also have learned that the dull aching pains constantly experienced by the rheumatic patient, are caused by a hardening and contracting of the tendons at the origin and insertion of the muscles, and of the ligamentous appendages about the joints, and a consequent tension of the muscles; and that the sharp, darting and piercing pains on the least motion of the patient in the same disease, are caused by the pressure of these hardened structures upon the nerves that pass through them, or along their parietes. He would also have learned that this hardening, and contracting of the tendons, ligaments, and cartilages, was caused by their being deprived of the fluids that give them elasticity and flexibility when in a normal state. And if he had extended his observations still further with the same laudable desire, viz., "to keep pace with the discoveries in medical science," he would have learned that the nostrum mentioned in the article referred to was a scientific preparation of a naphthaline substance, combined with volatile and fixed alkalies, and *water*—possessing the properties of penetrating and permeating animal membranes, opening the porous tubes, stimulating the absorbents and secretories, and thus restoring healthy action. He might also have learned that even the *ink*, in the case quoted by him (being a tannate of iron), may have played no mean part in restoring the patient—it being a powerful astringent; and being applied *after* the liniment had been freely used, it contracted and closed the external orifices of the minute capillary tubes that discharge the fluids from the surface, and thus retained them until, by the constant pressure, accumulations, and movements outward (called endosmosis), in their efforts to escape, dilated, injected and filled up the indurated tendons, and caused them to become softened, relaxed and flexible, and the man was cured—not by "the force of the imagination," but in fact by a purely scientific action of the remedies used. I would not, however, recom-

mend a repetition of the *ink*, as the liniment will effect a cure and not leave a *stain*!

Yours respectfully,

New York, July 13th, 1852.

G. W. WESTBROOK.

DIARRHŒA AT THE ISTHMUS OF PANAMA.

BY JOHN A. LIDELL, M.D., OF NEW YORK.

THIS disease was exceedingly common on the Isthmus. Almost every body had at least occasional attacks of it, and some persons suffered severely.

Besides that depending upon intestinal ulceration we noticed *three* distinct forms: first, the *simple*, or *diarrhœa crapulosa* of some nosologists; second, the *bilious*; and third, the *catarrhal*.

The simple form of diarrhœa resulted principally from excesses in eating and drinking. When food was taken in so great a quantity that it could not be properly chymified in the stomach, and absorbed by the lacteals, it ran off by the bowels, occasioning, in this manner, more or less flux. On the days when rations of fresh beef were dealt out to the men, we always expected that the following morning would bring us a large increase in the number of diarrhœa patients, and we were never disappointed. The fault did not lie in the quality of the meat, but in the quantity which the people consumed. Those who partook moderately of it did not suffer at all.

In most cases the only treatment required was the complete removal of the cause. This we generally effected by a dose of castor oil, containing ten or fifteen drops of laudanum. But in some persons the intestinal mucous membrane was strongly predisposed to take on morbid actions, and the diarrhœa, though simple in its origin, was accompanied by prostration of strength, much griping, and tenderness of the belly. To them it was necessary to administer, besides a laxative, mucilage, small doses of opium, sinapisms, or poultices to the abdomen, and a light unirritating diet.

Bilious diarrhœa seemed to be directly occasioned by the excessive quantity and acrid quality of the hepatic secretion, and was one of the most common forms that came under our observation. The flux in these cases was occasioned both by the abnormal amount of bile poured into the alimentary canal, and by the morbid action (irritation), which its abnormal quality produced in the intestinal mucous membrane.

The following plan of treatment was adopted. At the outset a laxative was administered for the purpose of clearing out the bowels. We used castor oil and laudanum, infusum rhei cum sodâ, pulvis rhei et magnesia and Seidlitz powders; but generally preferred castor oil and laudanum. To neutralize the acidity of the intestinal contents, and to allay intestinal irritation, we gave powders containing two or three grains of bicarbonate of soda, and one quarter or one half grain of opium every four hours, or as often as the bowels moved, commencing as soon as the laxative had operated well. Rest was also conjoined, and a light, bland diet, consisting of arrow-root, farina or oatmeal gruel. The laxative was

repeated every day or every second day if its use was indicated ; but such repetition was seldom necessary. This form of diarrhœa was chiefly remarkable for the immense quantity of bile which patients sometimes discharged during the course of an attack. It will be seen that the object we had in view in treating this disease was not to arrest the hepatic secretion, but to improve the quality of that secretion and to shield the intestinal mucous membrane from injury. The excessive biliary secretion seemed in many cases to be a result of a salutary effort on the part of nature, and therefore not to be interfered with except for good cause. The arrest of the biliary secretion under such circumstances seemed always to threaten the patient with a very unpleasant consequence, viz., an attack of jaundice.

The remaining type of diarrhœa which came under our observation on the Isthmus was the catarrhal. The pathological lesion upon which it depended was catarrhal irritation of portions of the mucous membrane of the intestinal canal, of varying extent, accompanied by abundant secretion of mucus. Sometimes this morbid action was confined to the mucous follicles and their immediate vicinity, while in other cases it was probably spread uniformly over a considerable portion of the intestinal mucous membrane. One of the most common causes of mucous diarrhœa was suppression of the cutaneous exhalation, effected either by exposure to the chilly air of the night, by remaining in wet clothes, especially when fatigued, and by standing or sitting in draughts of air to cool when over-heated. Associated with it we sometimes saw catarrh of the respiratory mucous membrane. The term catarrhal is applied to it, not so much on account of the relation last mentioned, as on account of the pathological lesion which produces it. The higher grades exhibited a strong tendency to run into dysentery. The most note-worthy symptom was the abundant quantity of mucus in the evacuations. It is scarcely necessary to mention that cold was not the only cause of catarrhal diarrhœa. Irritation effected by the acidity of the intestinal contents was also a potent cause.

Treatment.—Warmth to the belly and the internal use of some of the milder antiphlogistics, such as the nitrate of soda, and opium, with a suitable diet, was generally sufficient to effect a speedy cure. A favorite prescription was “nitrate of soda, ʒij.; bicarbonate of soda, ʒss.; tinct. opii, ʒij.; mucilag. gummi acacia., ʒij.” Mix. Dose, one teaspoonful every two or four hours. Or again we commenced the treatment with five or ten grains of blue pill, followed in a few hours with a tablespoonful of castor oil. After this had operated, the action of the bowels was controlled by small doses of opium, with or without alkalies. If the bowels were loaded we always administered a laxative. If there was abdominal tenderness and much griping, counter-irritation by sinapisms, or hot poultices were very useful.

It is almost unnecessary to state that we did not always see these three types of diarrhœa separate and distinct from each other, but that in the course of examining patients with a view to determine the precise pathological lesions upon which the diarrhœa depended, and of which it was, strictly speaking, but a symptom, we generally found the bilious

and catarrhal forms commingled, and sometimes all three of them were present.

We saw but a few cases of the chronic forms of diarrhœa resulting from ulceration of the intestinal mucous membrane, on the Isthmus. We observed that people afflicted with pulmonary tuberculosis were very liable to attacks of diarrhœa, seemingly uncontrollable by art, and hence such people were immediately sent out of the country to a healthier climate, on ascertaining their true condition. There seemed to be not only a strong tendency to softening of the tuberculous deposits in the lungs, but also to tuberculous ulcerations of the intestines.—*New York Journal of Medicine and the Collateral Sciences.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 28, 1852.

Empirical Remedies.—Robert Campbell, M.D., of Augusta, Geo., chairman of a committee on this subject, read a report before the Medical Society of the State that reflects much honor on the author. A small, modest pamphlet, containing the whole article, has been published, and for a clear insight into the wiles of quackery, as well as for the exhibition of good common sense and practical wisdom, fully equals, if it does not surpass, all previous efforts in this department of medical literature. He is down upon the clergy with a vengeance, as the main pillars on which empirics generally depend for their success. From their proverbial willingness to certify to what may have been told them by some deluded victim of disease and quackery, coupled with a desire to promote human happiness, they are often duped into aiding and abetting the most unprincipled quacks. Dr. Campbell, however, offers apologies for them, but with a determined spirit tells them of their sins in meddling with that of which they are profoundly ignorant. Our author's plan for eradicating the terrible evil of quackery, is, first, to have an efficient Standing Committee in the Georgia Society, whose duty it shall be to collect and publish all cases of injury from the taking of empirical remedies. Secondly, he would have the facts submitted to the American Med. Association, soliciting of that body the recommendation of a plan for the several State Societies, "for the purpose of accumulating evidence sufficient for the arraignment of this injurious system, as a national grievance." He also would have an abolition of that portion of the patent law that secures the right of mixing and selling secret remedies. This is all very well on paper,—but the idea of extirpating quackery by legal enactments is preposterous. The evil has grown up with our institutions like noxious weeds in a fair garden, and cannot thus be uprooted. Nothing short of correcting the public sentiment by general education, can remedy the great evil under which the whole country is suffering.

Pirrie's Surgery.—Messrs. Blanchard & Lea, true to their character for enterprise, have brought out another excellent book on Surgery, by William Pirrie, Professor of Surgery in the University of Aberdeen, &c., illustrated by three hundred and sixteen wood engravings. The volume

is an octavo, uniform in dimensions with the series of first class works on medicine from that house, containing seven hundred eighty-four pages. On the title page is the announcement of *additions*, by John Neill, M.D., one of the surgeons of the Pennsylvania Hospital. A surgeon at our elbow asks what has been added by the Philadelphia editor. His preface will best answer the question. "The editor has, therefore, added but few new articles, some of which are upon subjects that may render it more acceptable to the American student, while the liberality of the publishers has enabled him to increase the number of illustrations." It was evident enough, from the manner the inquiry was put, and from other causes, that an impression is abroad that it is time to examine into the modern mode of riding into professional notoriety on the title page of the works of great men. For our part, we care nothing about it. If such excellent foreign productions as are constantly coming from the medical presses of Philadelphia, are given to the medical public through the influence of gentlemen who are ambitious to select such productions, and fit them for the meridian of the United States, we feel the obligation, and shall do what we can to encourage and sustain them. There are twenty-five chapters in this work, which embrace every conceivable thing belonging to surgery. The subjects of inflammation, and the treatment of wounds, would of themselves make a valuable treatise. After a patient and careful examination, we are constrained to say that there is no better practical guide to every-day surgery, than this. Nothing is more difficult than to decide upon the relative value of professional books which treat of precisely the same subjects. As a general rule, it is a fair inference that the last one published must of course embrace the latest intelligence and improvements.

Practical Chemistry.—Alfred D. Kennedy, M.D., lecturer in the Philadelphia School of Chemistry, has published a letter addressed to his class, on *Practical Chemistry, a branch of Medical Education*, which is pertinent, but quite too short. Perhaps, however, he will have more readers than would have been obtained with a larger work. There are encouraging signs of some revolutionary movements in regard to the shameful manner in which students are taught, or rather not taught, the essential doctrines of the great science of chemistry. Edinburgh, according to this pamphlet, has the odor of a sound reputation in respect to chemical education, next in value to Paris and Vienna, which are the best in the world. It would excite the surprise of many a grave man, were he to learn how and why certain men are made professors, who might have had more reputation in some other pursuit. Some of them are provided with a chair precisely as young partners are admitted into an old mercantile firm, through the influence of their capital. Their money is of more service than their brains.

Treatment due Homœopathists. — Three physicians, formerly in good fellowship with the members of the Medical Society of Connecticut, having become Homœopathic practitioners, it appears that it was resolved, in the Fairfield County Medical Society, that they should be dismissed. In the State Society, the subject was referred to a committee. A report was made by Worthington Hooker, M.D., of Norwich, chairman, a gentleman of whom the new school have had some recent knowledge. It was voted that one thousand copies extra should be published. The document,

as printed, is a pamphlet entitled "*The Treatment due from the Medical Profession to Physicians who become Homœopathic Practitioners.*" A more spirited, cogent argument has not been produced, to show what should be done by the profession generally, although the especial interests of the Connecticut Society are considered by Dr. H. "In view," he says, "of these facts and principles, therefore, your committee recommend, that in accordance with our by-laws, every physician who becomes a Homœopathic practitioner should at once, on proof of the facts, be *expelled* from the Society."

Diseases of Childhood.—Dr. Reynolds, of Cambridge, late of Gloucester, Mass., is preparing a treatise on the maladies of children, which will be in readiness for the press before many months. The author is an experienced practitioner, a sound thinker, and a medical philosopher. The portions of text submitted for our examination, would meet the cordial approval of the medical press any where, at home or abroad.

Homœopathic Journals.—How can they all be sustained? Much the weakest vessel of them all, is one from Detroit, Michigan. Its articles are homœopathic in every sense. Notwithstanding the surprising fact that it has actually reached the fifth number, the three editors unquestionably have it nearly all to themselves, since it is morally certain no one would ever take a second number after reading one.

Lecture Season.—Circulars are falling in upon us like autumn leaves. Preparations are making in over thirty schools of medicine, besides dental institutions, for an influx of students. With an increase of population, there is a corresponding increase in the numbers required for the professions. Among the announcements that happen to be before us at the moment of penning these observations, is one from St. Louis University, and another from the Cincinnati College of Dental Surgery. Within the memory of thousands of living men, the cities in which these institutions are located were unoccupied prairie land. At St. Louis twenty-three were graduated with the degree of M.D., at the close of the last term. The school has a strong faculty, and an ample field for operation. This is the eighth year of the existence of the Dental College at Cincinnati, which has been increasing from year to year, in facilities for thorough instruction. With regard to the cost of a course of lectures at this college, \$100, with five dollars additional for matriculation, and twenty-five beyond for a diploma, indicate that the price is high, or that the course of instruction is of a character to command classes.

Progress of Life and Death.—From Hunt's Merchant's Magazine, the following curious statistical memoranda have been taken, deduced from the late census of the United States:

"Among the interesting facts developed by the recent census, are some in relation to the laws that govern life and death. They are based upon returns from the State of Maryland, and a comparison with previous ones. The calculation it is necessary to explain, but the result is a table from which we gather the following illustration:

"10,268 infants are born on the same day and enter upon life simulta-

neously. Of these 1,243 never reach the anniversary of their birth. 9,025 commence the second year, but the proportion of deaths still continues so great, that at the end of the third only 8,183, or about four-fifths of the original number, survive. But during the fourth year, the system seems to acquire more strength, and the number of deaths rapidly decreases. It goes on decreasing until twenty-one, the commencement of maturity and the period of highest health. 7,134 enter upon the activities and responsibilities of life—more than two-thirds of the original number. Thirty-five comes, the meridian of manhood; 6,302 have reached it. Twenty years more, and the ranks are thinned. Only 5,727, or less than half of those who entered life fifty-five years ago, are left. And now death comes more frequently. Every year the ratio of mortality steadily increases, and at seventy there are not a thousand survivors. A scattered few live on to the close of the century, and at the age of one hundred and six the drama is ended. The last man is dead."

Michigan College of Medicine and Surgery.—So princely is the endowment of the University, through the munificence of the State, that all the professors are paid from interest money accruing from the sales of public lands. Spacious and elegant buildings, with very extensive grounds, and whatever can contribute to the usefulness, comfort and dignity of a rich, independent institution of learning, have been prepared. Unlike any other medical college on the face of the globe, the students have nothing to pay for lectures. We have, on a former occasion, adverted to this remarkable feature of the school.

"The object of thus providing Free Medical Education (says the circular), is not, as some superficially acquainted with the plan adopted have supposed, simply to furnish a cheap mode of getting into the profession, or of collecting together a large number of students, or of enabling an institution of few advantages to compete successfully with those of higher claims; but to secure an end sought by the National Medical Association, and earnestly desired by the profession generally, and which *there is no other feasible mode of obtaining*, viz., a higher degree of proficiency, both *general and professional*, prior to the reception of the diploma of Doctor in Medicine—a proficiency having due relation to the present advanced stage of medical science."

Rhode Island Medical Society.—At the Annual Meeting of this Society, held in Providence, June 30th, the following gentlemen were elected officers for the year ensuing:—Joseph Mauran, M.D., of Providence, *President*; Sylvanus Clapp, M.D., of North Providence, and Charles W. Parsons, M.D., of Providence, *Vice Presidents*; E. M. Snow, M.D., of Providence, *Recording Secretary*; J. W. C. Ely, M.D., of Providence, *Corresponding Sec'y*; Geo. P. Baker, M.D., of Providence, *Treasurer*.

Drs. S. Augustus Arnold, Theophilus C. Dunn, George H. Church, Jarvis J. Smith, Otis Bullock, Joseph W. Fearing, Ezekiel Fowler, and Hiram Cleveland, *Censors*.

A very instructive and philosophical discourse was delivered by Dr. Isaac Ray, Superintendent of the Butler Hospital. Dr. J. W. C. Ely, of Providence, was appointed Orator for the next Annual Meeting, and Dr. Sylvanus Clapp, of North Providence, substitute.

The Committee on Registration reported, through its chairman, Dr. Jo-

seph Mauran, that the Legislature had so amended the Registration Act, that full and complete returns might be expected for the future.

It was announced that the Fiske Fund Premium of \$50, for the best dissertation on the displacements of the uterus, their local and constitutional effects and best mode of treatment, had been awarded to Dr. J. F. Peebles, of Petersburg, Va.

The Trustees of the Fiske Fund propose the following subjects for 1853 :

1st. Medical evidence before legal tribunals, the best method of relieving its uncertainties and contradictions.

2d. Puerperal Anæmia, its history, nature and best mode of treatment.

The following subjects are suggested for 1854 :

1st. Neuralgia, its nature and best mode of treatment.

2d. Puerperal Peritonitis, its history, nature and best mode of treatment.

J. W. C. ELY, *Corresponding Secretary.*

Medical Miscellany.—Cohita, an Indian Chief, on Trinity river, Texas, died lately, at the supposed age of 120 years.—One hundred and fifty persons died in New York, during the last twelve months, of delirium tremens ! There were nine murders caused by rum, and nearly ten thousand five-day commitments for drunkenness during the same time.—A man has removed from New Jersey to California, who has twenty-two children !—Pennsylvania has the largest number of deaf and dumb in the U. States. New York the most insane, blind and idiotic.—Smallpox is again raging at Jamaica, with a prospect of being widely extended.—A disease resembling cholera is represented to be extremely fatal to the negroes in Charlotte and Mecklinburg counties, in Virginia.—Dr. H. M. Harlow, of Westminster, Vt., has received the appointment of Medical Superintendent of the Lunatic Asylum at Augusta, Me.—In the circular of the professors of the Michigan School of Medicine, the faculty propose the establishment of a Medical Journal as a medium of expression for the profession of the State.—The public health was good at San Juan, at the last advices.—It is sickly at Navy Bay and Gorgona.—Cholera has appeared at so many points, south and west, that it is quite useless to attempt keeping pace with its extension.

NOTICE.—Subscribers and others are hereby informed that O. W. Kibbe, who was authorized last fall to receive subscriptions for this Journal, is no longer an agent for the same, and no receipt by him will be considered valid after this date. Publishers of other Medical Journals may confer a public benefit by circulating the above notice.

ERRATA.—Page 496, line 14, for "medicine" read medium ; line 31, for "Bugny" read Bregny ; line 48, for "Carru" read Caron.

MARRIED.—J. P. Knight, M.D., of Webster, Mass., to Miss M. G. Bixby.

DIED.—At San Francisco, Dr. Moreau Forrest, formerly U. S. Marshal of Maryland, 47.—At West Minot, Me., Dr. Robert Carr, 69.—In Paris, Dr. Racamier, well known throughout the world.—In Groton, Mass., 17th inst., of ulceration of the bowels, Maria A., wife of Norman Smith, M.D., aged 23 years.

Deaths in Boston—for the week ending Saturday noon, July 24th, 80.—Males, 35—females, 45. disease of bowels, 5—inflammation of bowels, 3—inflammation of brain, 3—consumption, 14—convulsions, 4—cholera morbus, 1—cholera infantum, 4—cancer, 1—croup, 4—dysentery, 2—diarrhœa, 1—dropsy of brain, 1—typhus fever, 2—typhoid fever, 1—scarlet fever, 5—hooping cough, 1—intussusception, 1—infantile, 7—inflammation of the lungs, 1—marasmus, 2—measles, 1—old age, 2—scrofula, 1—tetanus, 1—teething, 3—tumor, 2—unknown, 2.

Under 5 years, 41—between 5 and 20 years, 9—between 20 and 40 years, 17—between 40 and 60 years, 5—over 60 years, 8. Americans, 28 ; foreigners and children of foreigners, 52. The above includes 8 deaths at the City institutions.

Rape—the Doctors would have it.—At the November circuit of Columbia county, Parker, J., Newton Gay was convicted of a rape upon the person of Sarah Pilling, and is now serving a ten years' term in Sing Sing State prison. It is at present ascertained that Miss Pilling most sacredly denies that he ever committed the outrage, and declares him wholly innocent, although she swore to the contrary at the trial! She has visited him in prison, has sought interviews with the Governor and with the Judge, soliciting his immediate pardon, and asserting her unhappiness at the result, and deep contrition for the enormous injury she has inflicted.

This case brings to mind another of similar nature tried before Judge Wright, in Sullivan county, a few years ago. The rape was positively sworn to by the female—the physicians testified to the mutilated condition of her person, her arms were black and blue, her garments torn, etc., and her appearance betokened the most brutal assault. The young man, who had always sustained the most exemplary character, was convicted and sent to Sing Sing. After having been there some six or seven months, his health became poor, and he was much enfeebled. But Providence prevented the sacrifice of his life. The female was taken sick, and on her dying bed confessed her guilt, declaring before Heaven that the laceration and bruises about her person were done with her own hands for the purpose of sustaining evidence. In this case it may well be said that

“Hell hath no fury like a woman scorned.”

We should like to know, of the *dramatis personæ* who felt the most *streaked*—the prisoner with his felon's shirt, the woman who *never* had it done, or the doctors who swore it had been *done*. We would be under obligations to any one who would furnish us with the names of these lanterns in medical jurisprudence.—*Northern Lancet*.

Nitrate of Silver in the Diarrhœa of Children.—Dr. Cenas reports in the June number of the New Orleans Medical Register, several cases of obstinate diarrhœa in children, for which he prescribed the crystallized nitrate of silver, with almost immediate beneficial effects. In the course of twenty-four hours the discharges ceased to be so frequent, and assumed a much more healthy appearance. The cases he names were undoubtedly obstinate, but all speedily yielded to the efficacy of the medicine. He gave (we quote from memory) one grain of crystallized nitrate of silver in one ounce and a half of mucilage gum Arabic; of this the little patient took teaspoonful doses every four to six hours, according to the frequency of the discharges and the intensity of suffering. He gave it by the mouth only; it was not employed by injection.—*New Orleans Med. and Surgical Journal*.

Pharmaceutical Society.—We are glad to be able to announce that, at last, a movement is on foot to establish in our city a Pharmaceutical Society. All the preliminary steps have been taken, and probably by the time this number is circulated, the society will be fully organized. We believe that every apothecary in the city has signified his approval of the scheme, and unless there be a conflict of interests—dollars and cents—which will prove fatal to the movement, we have no question of its success.

We hope this enterprise will succeed fully, and our pages are open for all its scientific and literary labors, and, if favored with them, we shall notice all its transactions.—*Richmond (Va.) Stethoscope*.

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